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ORIGINAL DEPARTMENT.

LECTURE.

LARYNGEAL ACCIDENTS OF LOCOMOTOR ATAXY.

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GENTLEMEN: Hardly a week passes without some new memoir on the already complex semiology of locomotor ataxy, or as it is more generally termed, since the researches of Charcot, *tabes dorsalis*; but it is most frequently the varieties of the disease, formerly considered as abnormal, which are the object of special study.

As we have gradually come to be more expert in detecting the primary manifestations of the malady, first described by Duchenne, we find that the type traced by that eminent observer is more or less ideal, and rarely presents itself in actual practice. The anatomical lesions of *tabes* are evidently less localized than was formerly believed; its place is no longer among the forms of myelitis, but among the cerebro-spinal or bulbo-spinal affections.

Since the researches of Pierret have definitively introduced this doctrine, the diverse symptoms due to functional derangements or organic alterations of the cerebro-spinal sensory system can no longer be classed as abnormalities or complications, even if they appear at the debut of the morbid processes.

During the past few years, the cerebral phenomena attending *tabes* have been the object of numerous works; the most recent are those of Joffroy and Hanot, Debove and Lecoq; if to these are joined the more recent researches on the ocu-

lar and auditory symptoms, it is evident that the description of *tabes*, affecting principally the bulb, is almost as far advanced as that of the disease following its usual evolution.

These cases are complex at a clinical point of view; for the different organs, under the dependence of the bulb, are simultaneously affected, and it is sometimes difficult to establish the origin and connection of the accidents observed. In this lecture we will consider only those cases where the larynx seems to be primarily or principally affected.

The principal observations and researches on the laryngeal manifestations of *tabes* have been made by French savants.

In 1868, M. Feréol, in a memoir read before the Société Médicale des Hôpitaux, demonstrated the existence, during the course of locomotor ataxy, of laryngeal troubles, which Cruveilhier had merely mentioned.

Then, in 1874, in the thesis of M. Martin, a fact of the same order, communicated by Prof. Vulpian, is related. A number of observations followed, the most remarkable being that reported by M. Jean, as it was accompanied by a description of the post-mortem lesions, and led to the relation of two similar facts by M. Budin.

Towards the same period, M. Charcot, in his clinical teachings, definitively introduced these laryngeal attacks into the semiology of *tabes*, among the other visceral manifestations of ataxy, of which the type is furnished by the attacks of gastric pain and disturbance (*crises gastriques*, described by M. Charcot). M. Krishaber, in a memoir published in the *Gazette Hebdomadaire* in 1880, called attention to a very grave form of *ta-*

betic laryngismus. The memoir of Cherchevsky, written under the supervision of M. Charcot, contains all the reported cases, and demonstrates the subordination of the accidents to the spinal disease (*Revue de Médecine*, Juillet, 1881.)

More recently, several new observations have appeared in the journals, by Lizé (*Union Médicale*, 21 Juillet, 1881,) by Vulpian (*Rev. de Méd.*, No. 2, 1882,) and by Demange (*loc. loco*, No. 3); all are instructive, particularly the last at a pathological point of view.

Finally, M. Fournier, in his work on *tabes dorsalis* of syphilitic origin, devotes several pages to laryngeal accidents, furnishing the most precise clinical study which we possess of the laryngeal symptoms of locomotor ataxy.

Although the laryngeal manifestations assume very dissimilar forms and other symptoms complicate the clinical tableau, still they may be reduced, according to MM. Fournier and Cherchevsky, to three principal types of varying intensity, from a slight cough to a most formidable attack of laryngismus.

The slight attack is characterized by a peculiar cough, of a spasmodic nature, even in its most attenuated form. The patient has a tickling sensation in the throat, followed by a dry, nervous, irritating cough, which lasts several minutes and then suddenly ceases. The spasmodic element is often very marked in such cases; repeated expiratory efforts occur, a sort of convulsive hicough, followed by a prolonged and harsh inspiration; a species of attack which has been very aptly compared to that observed in whooping-cough.

In the second type, the sudden perturbation of the respiratory functions predominates. The patient is suddenly seized with extreme dyspnoea; he feels that he is choking, and the face becomes cyanosed. The anguish is extreme, but lasts but a few minutes, for finally the rhythm of the respiration becomes re-established.

Finally, in the most serious form, respiration is completely suspended, and the patient suddenly falls into a state of complete apnoea.

It presents the same clinical tableau as spasm of the glottis, which comes on so suddenly in young infants and so frequently proves fatal.

Such are the laryngeal phenomena; but as may well be imagined, in the more serious forms, the great functions of the organism do not remain unaffected.

There may occur other accidents which relegate the laryngeal symptoms to a secondary position, from simple vertigo and nausea to syncope and epileptoid or apoplectiform attacks.

It is for this reason that Lecoq, in his memoir on the apoplectiform accidents of *tabes dorsalis*, makes a special group of these cases, in which the laryngeal spasms, by the passive cerebro-spinal congestion which they induce, seem to have a predominant part in the causation of the apoplectiform seizure. These sudden attacks are not ordinarily preceded by any precursory symptoms, but sometimes a sensation of tickling is experienced about the larynx, resembling somewhat the aura preceding epileptic seizures.

These laryngeal spasms may have a fatal termination, (Duclos, Jean, Lizé,) either by sudden death, as in the thymic asthma of the newly-born, or by slowly progressing asphyxia.

M. Krishaber has reported such a case, where tracheotomy was required to arrest the progress of the asphyxia.

But, in the great proportion of cases, the spasm is suddenly arrested without leaving any traces after it, no matter what the gravity of the attack, proving that these disorders are purely functional. The duration of the attack is variable, from a few seconds to a few minutes, or even to twenty minutes, in attacks of moderate intensity.

Between the attacks the patients may present symptoms of disorder of the respiratory functions, just as in the intervals between the gastric attacks the digestive functions are in their normal condition.

The laryngeal phenomena have thus, like all the visceral manifestations of locomotor ataxy, a distinctly intermittent character.

Sometimes they occur as often as fifty times in the same day, without any appreciable cause, or under the influence of some passing emotion or vocal fatigue. Sometimes these attacks reappear only after ten or fifteen days; they may even disappear definitely. Certain patients have during the entire course of the disease but one or two attacks, either slight or violent, while others are at any time liable to be stricken down; but it will generally be found that in such cases extensive lesions of the bulb exist, and that by the side of these phenomena, other accidents occur, affecting organs similarly innervated.

No special absolute laws can be laid down regarding the frequency or progressive gravity of the attacks. According to M. Fournier, "The laryngeal attacks augment in frequency and intensity, progressively from their first appearance;" while M. Vulpian expresses a diametrically opposite opinion: "In all the cases I have observed the attacks have gradually become less frequent, less marked in intensity, and have finally com-

pletely disappeared." And in the collection of published cases, facts are found in support of these two contradictory opinions. In fact, is not such the case for almost all the manifestations of tabes?

The period of the malady at which these laryngeal accidents appear, is no less variable than their clinical physiognomy or their mode of evolution. They may appear at any period of the malady, but statistics would seem to show, that in about one-half the recorded cases they appear at the début of the affection. Often months and even years pass by before the other habitual symptoms of ataxy appear. It is very probable that the cases of laryngismus, premonitory of tabes, are much more numerous than medical literature would seem to indicate. Is it not, in effect, possible that such phenomena, particularly when of no very severe nature, are passed over or attributed to one of the many common affections of the respiratory functions?

In other cases, on the contrary, the laryngeal accidents appear late in the malady, and are then but slight and attract little attention. But it is in just such cases that they often prove of the greatest gravity.

We will say a few words in conclusion regarding the pathologic physiology and anatomy of this syndrome. For this we have but three observations with autopsy, (Cruveilhier, Jean, Demange,) and only the two last are complete.

The nature of the laryngeal accidents would seem to point to a functional derangement or an organic alteration of the bulb and of the nerves which thence have their origin—the pneumogastric and spinal.

Conformably with these anticipations, not only bulbar lesions have been found, but also very distinct alterations in the restiform bodies, and a sclerous degeneration of the sensory nucleus of the mixed nerves.

On the other hand, M. Krishaber has shown that these are purely spasmodic phenomena. Their sudden appearance and the negative results of laryngoscopic examination in many cases, are proofs of the truth of this assertion.

It is true that, in certain cases, a paralytic or paretic condition of certain muscles of the vocal cord has been noted; but as has been remarked by this author, "the persistent paralysis of a muscle or group of muscles induces with great facility the spasmodic contraction of its antagonist muscle."

The complete laryngeal attack may then be reduced to a reflex spasm, the genesis of which is explained by the hyperexcitability of the bulb,

and the hyperæsthesia of the laryngeal mucous membrane, receiving its innervation from the pneumogastric.

If such be the mechanism of the laryngeal accidents in tabes, similar manifestations should be observed in the different morbid processes having their localization in the bulb, and these accidents would no longer have any great importance as regards diagnosis.

It is well known that laryngismus is sometimes met in hysterical patients. It has even occurred in individuals in perfect health.

As a premonitory symptom, these laryngeal accidents should be ranged among the possible signs of tabes, and may aid in arriving at a diagnosis; occurring late in the disease, they indicate a grave prognosis, in the sense that they reveal a functional derangement or an organic alteration of the bulb.

COMMUNICATIONS.

SOME PRACTICAL FACTS RELATING TO THE TRANCE STATE IN INEBRIETY.

BY T. D. CROTHERS, M. D.,
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In 1877 my attention was called to an inebriate who while sober had purchased a trotting horse, paying a fabulous price, giving a note of hand in part payment. Two days after, he denied all knowledge of the transaction, and became involved in a legal contest. On the trial it appeared that the purchase of the horse had been discussed for a day or more, and that he had exhibited unusual sagacity and judgment to avoid deception and protect himself. Also that, although drinking large quantities of spirits, he gave no evidence of other than good judgment, and perfect knowledge of his acts and their consequences.

In the defense it was shown that the purchase of the horse was a most unusual act; that he rarely ever visited the race course; was afraid of driving fast horses; never took any interest in racing; had many horses of his own; and lastly, needed the money paid for this horse for another purpose which had been determined before. From his own statement he had many blanks of memory while drinking, and at this time he lost all recollection of passing events from the hour of dinner, during which he drank freely, until the second day after, when he awoke in his store, and supposed he had been asleep a short time. His family were sure that in these blank states they could recognize a dullness of mental action and a

general abstractedness of manner not common when sober. He could not read in this state, and seemed incapable of fixing attention on the conversation for only a few moments at a time.

The suit went against him, and soon after he came to the asylum for treatment. His inebriety grew out of inheritance, overwork, and bad nutrition, and was noted for periods of continuous drinking and free intervals of sobriety, both of which were irregular, and not prominent in any particular.

From inquiry I was surprised to find that these blank states were not uncommon among inebriates; that nearly every case gave a history of loss of memory and consciousness of acts committed while using spirits to excess. In some cases this blank was total and remained so ever after; in others it was partial and cleared up after recovery. Acts committed during the delirium of intoxication, or in mental states approaching this, or stupor, would not be remembered, for some time after, but would gradually be recalled until it was all clear. In other cases this blank of memory would remain like a cloud for weeks, then all at once, from some little circumstance, break away, and every act be perfectly clear.

These freaks of memory (so called), following excess of alcohol, are almost infinite in variety and complexity, and are very significant when studied carefully. Where the blank is total, and remains so, during which the person acts more or less rationally, and never after is able to recall any recollection of it, it is called a trance state. In all probability this is a suspension or paralysis of certain brain functions, or as Dr. Beard believes, a consciousness that is not rememberable. In other words, the person in this state acts as if he was in full possession of all his brain powers, and yet the memory does not record it for future consideration. He is for the time being an automaton—acts and apparently reasons from some unknown stand-point.

Whatever the pathology may be, it is clear that the mind in this state is a mental wall, subject to every passing influence, both from disordered states within and without.

From my experience this state is very common in inebriety, and closely associated with many of the criminal and insane acts committed at this time.

As in all other new phases of science, there is a psychological element, which must be understood before its mysteries can be cleared away. Take any case of a chronic inebriate seen on the streets, and study the operations of his mind and

the nature of his actions, while under the influence of alcohol, and this element will be clear.

The inebriate suffering from excess of alcohol has always a disorganized brain power; various governing centres are suspended, mental and physical incoördination is present, and he is literally unsound, insane, and irresponsible.

If the trance state is present, he is a dangerous automaton, moving along certain fixed lines of conduct, or acting in obedience to unknown forces which may change or vary any moment.

Thoughts and impulses suggested by deranged organs, or coming from the past, may suddenly concentrate into action, irrespective of consequences. Both subjective and objective states, influenced by conditions of health and brain power, may develop into deeds that are practically unknown and unrecorded by the higher brain centres.

The strange unaccountable acts of inebriates who are not stupid or wildly delirious, have been attributed to vice and low moral conditions. Yet a study of these cases reveals an absence of purpose and motive, and a class of actions that are devoid of all sense and common reason. For instance, a man who was an inebriate, while drinking and apparently conscious, sold out his farm at a very low rate. He had no recollection of this event, and there was no reason or motive for doing it. In one case a man forged a note and drew the money on it, while drinking, without any object or motive. He had no recollection of this, and had money at his command, and no possible use for other funds. In another instance, a man in this State offered violence to his father and mother, and was thoroughly unconscious of what he had done. These cases can be multiplied to almost an indefinite extent; and beside having no recollection of the act, they are marked by an absence of all reason or purpose, that indicates their real nature. They are not alone confined to cases of inebriety, but are seen following blows on the head and shocks from traumatism, either physical or psychical. The following cases are marked instances: A leading physician was rendered insensible by injury from a railroad accident: he recovered, went about assisting the wounded, was finally sent home, and regained consciousness, or apparently woke up, thirty-six hours after, having not the slightest recollection of anything which had happened from the time of the accident, in which he was precipitated to the bottom of the car.

A surgeon in one of the large cities was thrown out of a carriage, striking on his head, and was

unconscious for a few moments, got up and went to a hospital, wrote many prescriptions, directing the surgical dressing in several cases, came home and laid down sleeping and drowsy for twelve hours, then awoke, having no recollection of all the time from the moment of the accident.

In these cases there was a trance state following the injury, although there were no signs of this in the manner or actions of the persons. In inebriety such cases are those in which the mind moves along accustomed lines of thought and action, following some plan which has been usual or common in the past.

Epilepsy, insanity, or the emotions powerfully excited, may be, and often are, followed by these automatic phenomena. Instances of such cases are to be found in all medical literature relating to mental diseases, although not recognized by this name or understood. In inebriety there is a peculiar disposition to develop this form of mental disturbance, and its full recognition will mark an era in the progress of science. It is always found associated with a peculiar neurotic condition, either induced by alcohol or existing before alcohol is used. It is also seen most frequently in chronic stages. The practical facts which should be noted are not only to determine the presence of inebriety in a given case, but to study the character and nature of the mental state, and the actions which result from it. No one who uses alcohol to excess can be of sound mind. There are always instability and perversion of mental activity, as well as defective brain power.

The higher brain centres governing the relations of life are disorganized, and morbid impulses of any kind are likely to take possession and guide mental activity. No one can draw dividing lines where normal reason is lost in cloudy, unstable action.

When the inebriate, by his manner and conduct, exhibits manifest hallucinations, delirium, and unnatural stupor or excitement, it is not difficult to recognize the mental disturbance. But when his actions and manner are along the line of natural, every-day life, although he may be using alcohol to excess, and claims to have no recollection of what he has been doing, the case should receive the closest scrutiny.

When a drinking man, not stupid or delirious from alcohol, but known to be using it all the time, commits an extraordinary or unusual act, not in accordance with any reasonable motive or purpose, and after denies all recollection of what he did, the possibility of a trance state is very strong.

It has been well established that inebriates have, through some motive of their own, or by the persuasion of others, deliberately used alcohol for the purpose of giving them some power to commit crime; also hoping by this means to shield themselves from the legal consequences of their acts.

These cases are marked by either an unreasonable frenzy or a cool deliberation that is foreign to the man in his natural condition. The following case was very prominently discussed a few years ago. A mild, quiet man, who was a continuous drinker, and had never been known to do a violent act, committed a most aggravated murder of a man, who was on the best of terms with him, and for no visible purpose. He denied all knowledge of the act, and died in prison before his execution, from consumption following excessive grief. Some years after it appeared that after drinking a certain amount he was unconscious of the nature of his acts, but could be influenced by any strong will, and had been often persuaded to do certain things that were not natural in his sober moments.

It also came out that this murder was planned and urged by two men, who were fully aware of his condition of oblivion to the nature and consequences of his acts; that by continually plying him with spirits, and urging this act, it became impressed on his cloudy brain, and was carried out. This was a condition of trance, which had been noticed and was taken advantage of by the real perpetrators of the crime. I am convinced that much of the purposeless crime committed by inebriates, which puzzles both courts and juries to explain on any reasonable basis of human conduct, originates in the trance state. Such cases are never studied, and are unknown, and the legal efforts to remedy them by punishment literally precipitate them lower, and make recovery more and more difficult.

In an article "On the Trance State in Inebriety," read before the New York Medico-Legal Society last year, I have detailed some very significant cases showing the necessity of careful study of all these cases, by competent men before the nature of responsibility in any case can be determined. The plea of no recollection or memory of the act or event urged by the inebriate is always a physiological and psychological possibility, which can only be settled by a careful study.

So far my studies have indicated that the trance state in inebriates is marked by two forms of mental action that can be determined clearly; one in which the mind in this state moves along certain

familiar lines of action and follows some purpose which has been previously fixed, all of which appears natural and reasonable. The second form is where a new line of thought and action appears, unusual and foreign to his every-day life—often impulsive, inconsistent, and yet seemingly one which he is fully conscious of, and if questioned at the time, may give reasons that seem to justify his conduct.

In both of these forms, sudden changes may occur. Emotional disturbances may precede this state, or appear coincidentally with it. The senses are dulled and enfeebled, or intensified in certain directions, and impulses of any character may appear without premonition, like a flash of light, and disappear the next moment.

Every physician should be able to recognize these states, and study their meaning both medicolegally and physiologically. In all probability medical interference in cases of supposed trance, in the form of an emetic or cathartic, or in the shape of a counter-irritant, would restore the normal recognition of environment, and save the patient untold suffering. The subject of inebriety must be studied above the dogmas of theologians and reformers, from the standpoint of science. It is purely a medical subject, and theories based on any other study are always "confusion worse confounded."

AN EXPERIENCE IN THE REMOVAL OF TAPE-WORMS.

BY DR. S. M. WARD,
Of Ellenville, N. Y.

The experience began in this way: One day last summer a gentleman entered my office, and with a mysterious air handed me a small piece of paper, requesting me to open it and tell him the nature of the contents and their source. I will confess that his question somewhat staggered me, for within I found three small white objects, each about an eighth of an inch in length, probably a line in width and thickness, and presenting movements tending to bring their two extremities together, and then straighten themselves again. *There certainly was no resemblance to any segments of tania soleum I had ever seen.* Using a pocket magnifier, my olfactory organs were brought closer to them, and I detected a slight fecal odor. On the strength of this, I told him they were links of a tape-worm. He was greatly amused at this, and soon after departed without saying more. The more I looked over the specimen and thought of the case, the more I became convinced that my diagnosis was correct. About six weeks afterward

he met me on the street, and said he had concluded that I was right, as another physician had given the same opinion, and vainly essayed its removal with oil of turpentine and castor oil. He requested me to prescribe for him. I then questioned him as to his appetite, pain in stomach or bowels, dizziness, headache, or loss of flesh. Could find out nothing save that occasionally he was dizzy. I saw no more of this patient till some time afterwards. In a few days a manufacturer of a neighboring village who had been under treatment for a stomach difficulty showed me some specimens very like those I had lately examined, and asked my opinion concerning them. I diagnosed tape-worm, and I found out afterwards that he had held a consultation with the first gentleman that had seen me, and both had concluded that they had tape-worms. Case No. 2 was anxious to begin treatment at once, and accordingly was given the following treatment:

Eat nothing for twenty-four hours, take a purge, and in an hour the following:

R. Ext. kousso, fl.,
Ext. filicis mas. fl., aa f. ʒj.
M.

I obtained no results beside a sick and disgusted patient. Several days thereafter he was again treated as follows: He fasted for twenty-four hours and then, having boiled two ounces of fresh pomegranate bark in a quart of water to a pint, took the quantity during a period of four hours, followed by a cathartic. He was overjoyed a few hours thereafter at passing ten feet of worm. I was not so much pleased, as I could discover no head. Accidentally I came across an advertisement of Dundas Dick & Co.'s capsules of male fern and kameela, and determined to try them. Following their directions, my patient ate no solid food for forty-eight hours, and then took three cath. pills M. S. P.; the next morning he took eight capsules, each containing five grains of ext. male fern, and five grains ext. kameela U. S. P.; in a half hour he took seven more, accompanying this last dose with three pills as before. In an hour afterwards he began passing segments of the worm, and altogether delivered himself of sixteen more feet of the animal. I could not feel certain, however, that the head had yet come, as his discharges had not been carefully watched. He was anxious for another trial immediately, and against my better judgment he was allowed to take fifteen more of the capsules. Beyond suffering from violent emeto-catharsis, there were no results.

In the meantime, the first gentleman who had consulted me, hearing of what he considered my

success in the other case, decided to undergo treatment. He was given the same number of capsules in the same way, the only difference being that he took a tablespoonful of castor oil before and after them. His bowels began acting while he was in his stables, and thinking it hardly possible that the medicine could begin acting so soon, he allowed the discharges to become mixed up with a lot of refuse, and I could not determine whether or no the head had come. There were about twenty feet of worm, however, and the patient has passed no more segments while at stool, though the treatment ended some months ago.

Case 1 was not yet satisfied, and so after some weeks he indulged himself in some more capsules, and again brought forth a number of feet of the worm, with the head. He believes that the success attending this last effort was due to his taking castor oil instead of pills after and before the capsules. His great repugnance to oil is my excuse for not giving it at the other trials.

CASE 3.—A local politician had been treated by many different physicians, including a homeopathist, for dyspepsia, gastric catarrh, etc., without relief, for a number of years. He had concluded that his ailment, whatever it was, was beyond the reach of medical skill, and had decided to forego further medication. Lately, however, he had begun passing "pieces of white stuff" while at stool, and it was to get some light on this matter that he consulted me. I, of course, diagnosed tape-worm, and treated him with the capsules, as in the previous cases. He passed some twelve feet of worm two days after beginning treatment, but no head being found in a week, was put on the same treatment, with the result of passing the head with two or three segments. Of the three cases, this man was the only one who presented subjective symptoms of his complaint. He had dizziness, capricious appetite, irregular bowels, darting pains in stomach and bowels, and though he had not lost any in body-weight, still presented a sickly appearance.

CASE 4.—A workman in a knife factory, suffering from fibroid phthisis. He too had complained of shooting pains in the lower part of his lungs and abdomen, but physical signs of pleuritis being present, they had received little attention; his appetite was excellent—too good, it always seemed to me, for a man in his physical condition. He also gave a history of raw beef eating. He likewise had been passing segments of worm, which served to frighten him severely. I determined that I would lessen the preparatory treatment in

his case, and so, having seen him Saturday afternoon, I told him to eat no supper, and on retiring to take a tablespoonful of castor oil, to eat no breakfast Sunday, and after the oil had operated, to take eight capsules, to wait a half hour, and then to take the remaining seven, with the same quantity of oil. His bowels moved at midnight on Saturday, and he therefore took the capsules early Sunday morning, following the directions minutely. Called Sunday p. m., about four o'clock, and found nearly twenty-five feet of worm, with an undoubted head. Tuesday he resumed work, thoroughly satisfied with his experience.

Were the question asked me if I thought it possible to diagnose the presence of *tænia* without a knowledge that segments had been passed, I should be inclined towards a negative reply. It is true that a history of raw meat eating, dizziness and vertigo, pains in stomach and bowels, and an enormous appetite, with no great tendency to lay on flesh, might point to such as an explanation; but since my four cases, I have been applied to by a man presenting nearly all of these symptoms—dizziness and ringing in the ears being very prominent—in whom there was no history of syphilis, or of an injury, and yet the above treatment has produced no result save making him nauseated. I may add, too, that Case 3 had been told positively by a noted physician of this State that he had nothing like a tape-worm. Of course I should not have looked for it, had I not seen some of the segments he had voided.

I may add in conclusion that all of the worms seemed to be specimens of *tænia medio-cannellata* (Küchenmeister).

A REPORT OF A CASE OF COCCYGODYNIA WITH EXTIRPATION OF THE COCCYX.

BY MARIE H. WERNER, M. D.

Read before the Northern Medical Association of Philadelphia.

Mrs. A. came to my office expecting to find relief from an intolerable backache by the introduction of a uterine supporter. A careful digital examination revealed no uterine displacement, prolapsus of vaginal walls or uterus, the latter being, perhaps, possible, since the perineum had been ruptured during her last confinement. The uterine cavity was normal in length. The patient pleaded, however, so strongly for a supporter, that I advised her to remain a few days at my house, until I could obtain one which might give her the desired relief; trusting that during that time I might find the cause of her suffering.

I soon observed that this pain was aggravated

in the act of sitting down or reassuming the erect position, and the idea occurred to me that the pain might be due to some other than uterine trouble. I therefore requested to make another examination, and found the origin of the trouble was at the extremity of the coccyx, which was turned to the right and painful on pressure, as also that portion of the left sciatic ligament, which was thickened at its attachment to the coccyx. Her history showed that she had suffered this pain about one and a half years (since her confinement), and increasing as time advanced—more since she had suffered a severe abdominal inflammation during the previous winter.

Drs. Montgomery, Croasdale, and Hunt, examined the patient under the influence of ether, and arrived at the same conclusion.

There seemed no other means to afford relief than by operation, a choice of two presenting—one being a subcutaneous division of all attachments, the other, extirpation of the bone.

The patient was satisfied to have either one or the other done, as should be deemed best at the time of operating.

To me it seemed no small matter to remove a portion of the spinal column, even if it was its extreme end, especially since the authors within my reach were not very clear as to the manner of operating, while some did not even seem to favor operative interference. It was only some time after that I had the pleasure of reading Simpson on "Diseases of Women," who, among authors on this subject, seemed to me the most clear.

The patient was etherized on June 13, in the presence of Drs. Montgomery, Croasdale, Barton, and Hunt; a subcutaneous incision made, severing all the attachments to the coccyx, which seemed, however, to promise no permanent restoration in its position; hence, it was decided to remove it entirely, there being a possibility of abnormal adhesions forming again, with an almost certain return of the distressing symptoms.

An incision was made in the median line down to the coccyx, about three inches long, the bone dissected out, but well forward, and disarticulated at its junction with the sacrum; the finger of the left hand being constantly kept in the rectum. The wound was closed by means of three silver wire sutures, introduced with the Baker-Brown needle, and imbedded their entire length, thus closing thoroughly the pocket left by the removal of the bone. It was dressed with carbolized lint compress and bandage. 6 p. m., temperature 99.6°, pulse 90; no nausea; complains of some

pain at seat of operation, which was relieved after the compress and bandage were removed.

14th, a. m. Temperature 99°; pulse 80. Patient rested well during the night, not much pain; the old ache in the back has not been felt since the operation. P. M., temperature 99°, pulse 86.

15th, a. m. Temperature 98.8°, pulse 80. Patient rested well during the night; complains of some pain when urinating, for which was ordered flaxseed tea and bicarbonate of soda. P. M. Temperature 98.8°, pulse 84. The pain on micturating has abated somewhat; some stinging pains at seat of operation; on examining, found the wires had excoriated the skin somewhat; there was, however, no redness or swelling, and to all appearances union by first intention.

16th, a. m. Temperature 99°, pulse 86. Patient did not sleep well, owing to a constant desire but inability to urinate. I withdrew by catheter one-half gill of urine dark in color. This tenesmus was again diminished by the free use of the flaxseed. P. M. Temperature 98.8°, pulse 80. Patient was extremely restless, moaning during the entire night, complaining of pain at the site of the wound, and extending up the back. She described it of a throbbing, stinging, and cutting character. Nothing could be detected beside the excoriations, as the cause of it; union seemed complete. Repeated doses of morph. sulph., until one grain had been taken, seemed to have no effect in affording relief. On the following morning I removed the stitches in the presence of Dr. Croasdale and Dr. Montgomery. A cessation of that terrible pain followed.

The patient made a good recovery; the urinary trouble abated as she could move about in a less restrained manner. There was for some four or six weeks still some soreness felt after continued sitting, which I attributed to the newly-formed periosteum; but this gradually became less, until now she feels nothing of the old pain, and her general health is greatly improved. The extirpated bone showed that its free extremity was the seat of a beginning otitis.

A recent examination showed that that portion of the sciatic ligament involved is less thickened, but still somewhat tender, the patient being not aware of its soreness until it is touched.

—The first operation for the relief of club-foot by division of the tendo achillis, was performed by Lorenz, of Frankfort, on the 26th of March, 1782. Dr. David L. Rogers, of New York city, was the first to perform tenotomy in this country, in 1834.

HOSPITAL REPORTS.

A CLINICAL LECTURE.

BY FRANCIS DELAFIELD, M. D.,

Adjunct Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

GENTLEMEN: The history which this man gives is a very common one. It is the history of a condition which we find in a great many persons, both of men and women, many of whom have this man's general appearance. The man tells us that he was fairly well, except for some constipation of the bowels, until last September. At that time he was at work in some one of the peach orchards, and ate considerable fruit; so much so that his bowels became unnaturally loose at that time, but ever since then they have been constipated, and this persistent constipation is now accompanied with another symptom, namely, a peculiar sensation about the head, a feeling which he describes as both a fullness and a dizziness, and a partial loss of memory. He has used these three expressions—fullness, dizziness, and loss of memory—to describe the feeling. The dizziness has never been so great as actually to cause him to fall. Such are the rational symptoms.

On making physical examination we find that the heart is a little enlarged; there is a distinct murmur heard with the first sound over the apex. The murmur can be heard distinctly over the apex, but it is not transmitted to the left with any great distinctness. It is lost in the axilla.

On looking at the abdomen, we see at once that the man is not at all emaciated, and the contour of the abdomen is regular enough. As the man lies down the liver hardly reaches to the free border of the ribs, while the upper edge of the liver is about where it ought to be, namely, between the fourth and fifth ribs, so that the organ is rather small for a man of his size. The spleen seems to have about its natural outlines. There is a little distension of the large intestine, and there is a certain amount of gurgling over the caput coli and the descending colon, which ought not to be present.

That constitutes the physical examination—that the man's heart is slightly hypertrophied, that there is a systolic murmur at the apex which indicates a regurgitation at the mitral valve; the liver is a little diminished in size; the abdomen is rather full; the large intestine is somewhat larger than it should be, containing rather more fecal matter mixed with fluid than it should.

If we put together the man's history and the results of the physical examination, what should be our diagnosis? The man has some heart trouble, but it is very slight, and I should judge that it had nothing whatever to do with his present symptoms. Then the question arises, what is the connection, if there is any, between the constipation and the cerebral symptoms? I should say that this connection was a direct one; that the man has cerebral symptoms on account of constipation; and that if he gets rid of the constipation, the cerebral symptoms will also cease. With the sort of cerebral symptoms which he complains of, that is, fullness about the head, dizziness, and loss of memory, we often find a

variety of disturbances of the digestive tract. Such cerebral symptoms are found with disturbance of the stomach, of the liver, and of the intestine, and they are common enough; but the point is to find out just what part of the intestinal tract gives rise to them. In this man's case I should think the relation could be traced with considerable certainty, viz., that the cerebral symptoms are dependent directly upon constipation; and constipation, in this case, is evidently due to disturbance of the functions of the large intestine. Apparently the stomach and the small intestine are performing their functions fairly enough. The patient gives no symptoms of gastric dyspepsia, he is fairly nourished, so that the food must be absorbed from the small intestine in sufficient quantity.

The particular function of the large intestine which is interfered with, is that which is concerned in the expulsion of the fecal matters. The fecal matters form, apparently, and accumulate in the large intestine. There is a fair amount of them in the large intestine at the present moment, but the gut apparently is not able to expel them.

This brings us to the question of treatment, for that is really the practical point in this man's case. It is evident that the indication for treatment is to remedy the constipation. But constipation can be removed in a great many ways, and the particular way which is to be of service to an individual will vary very much in different cases. Now, if any of you were brought face to face with a case like this, with such a history, there being constipation which had been extreme only for a moderate length of time, and if you thought, as I do in this case, that the symptoms all depended upon the constipation, what would you do to relieve the patient? "Give him small doses of aloes?" That would be a thing easy enough to do. But what would be your object in giving aloes? "It has a direct effect upon the large intestine, increasing its peristaltic action." Very well, we will suppose that aloes would be of use for that particular purpose. Can some one suggest something else which would be of benefit in this man's case? "The extract of *nux vomica*." Yes, or with the same idea, small doses of strychnia; that is, to be given with the idea that it would act directly upon the muscular coat of the large intestine. You could make a combination of these two drugs, and give them together, which would produce a result more efficacious than if but one were given. Now, you could give this combination of aloes and strychnia in one of two ways; you could give it in moderate doses at night, or you could give smaller doses three times a day. By a moderate dose, I should say for this man a twentieth of a grain of strychnia and one grain of aloes, to be given at night. This would very likely produce a movement of the bowels the next morning. For a small dose I would give him only a fortieth of a grain of strychnia and a fourth of a grain of aloes, to be taken three times a day. Sometimes the one, sometimes the other of these plans is the better for the administration of these medicines.

Although in a case like this the afore-mentioned drugs would be indicated theoretically, yet, as a matter of fact, with this particular man, and with his history and condition, they are not the

drugs which I should be disposed to choose. These drugs, compounded in this way, are of very great service for many cases of constipation of older people. Yet in this man's case I should be disposed at least to try the following :

R	Ext. belladon.,	gr. $\frac{1}{60}$.
	Pulv. ipecac,	gr. $\frac{1}{4}$.
	Ext. colocynth. co.,	gr. j.

To be taken in pill form every night on going to bed. That you will notice is not a strong dose, and yet it will probably cause a movement on the next day during the time that he continues to take it. After having once begun this course of treatment, the question will arise, when can you safely leave off giving the pills? And that is often the most difficult point regarding treatment in these cases. It is often easy enough to give these patients something which will relieve them of their present state of constipation, but we do not want that they should have to go on taking pills the rest of their lives. Now, in the first place, the patient must not be in too much of a hurry to get rid of the necessity for taking the medicine. You do not only want to get the bowels to working regularly, but also into the habit of working readily. There is a good deal in the force of habit so far as the large intestine is concerned, and it is important to induce the patient to have a regular movement at a particular time every day for a considerable length of time. Sometimes it will require several months before you can cease to give the medicine, and it is then best not to give it up altogether immediately, but to diminish the quantity. Allow the patient to take a third less than he had been taking, then a half—and so diminish the amount by degrees, and by-and-by you can cease to give any medicine at all, and yet the bowels will continue to act freely.

As you do this, however, you have to pay attention to the diet, and observe whether the patient will bear fruit, oatmeal, and the porridges of different kinds, which are of service in loosening the bowels. The regulation of the food is not of as much consequence at the beginning of the treatment as it is in the later periods, when you are trying to get rid of the necessity for giving the drug.

CASE 2.—This patient, aged twenty-eight years, says he has been unwell for a year past. The three prominent symptoms of which he complains are, a want of strength, inability to sleep, and an irritable condition of the heart. He also complains of some pain in the stomach, which is a matter of some consequence, but it is not so important as are the other symptoms. We find that his heart is beating at the rate of 120 per minute, but there is no murmur. He says he has lost about thirty pounds of flesh within the past year, but he is still very well nourished indeed. His business has been that of bar-tending. He says he drinks very little, but that he smokes eight or ten cigars a day.

Now, if a man were to present himself to you, complaining of the symptoms which this man complains of, and he should tell you that his business was that of a bar-tender, you would probably infer at once that his symptoms were due to his mode of life, and that they would disappear with a change in his mode of life. But this patient has quit bar-tending, has changed his mode of

life, and yet he has not gotten better; and that is what happens in a good many such cases. The first part of your inference would probably be correct enough, to imagine that the man's symptoms were due to his mode of life, that they were very largely due to the effects of tobacco upon him, and a derangement of the stomach which probably, in this case, has resulted from his manner of living. But you will often find that on changing the patient's mode of life, he not only may not get better, but may actually go on to get worse. Finding, on taking your advice to stop his occupation for some months, that he does not get better, the patient will probably infer that you knew nothing about his case. Still, you had taken the right view of it, but you made a mistake in supposing that simply stopping his mode of life would put an end to his trouble.

This brings us to the practical point, as to what we can do for a patient in this condition. This man has given up his occupation as bar-keeper, and is now doing nothing. He has felt so weak that he has spent a good deal of the time in the house, only going out from time to time to take a walk. There, in the first place, is something which should be looked after. The man ought to have some occupation. He is leading an unhealthy life at present. A man of his build has no business to be unoccupied. He ought to be out of doors. His muscles need exercise. He would be better off, I think, really, to follow his old occupation as bar-keeper, than to do nothing at all. But it would probably be better for him if he could find some out-door business—something that would keep him moving about from place to place, or require work. Should he continue his old occupation, he probably could get more out-door exercise in connection with it living in the West than while living in New York. The tobacco, which he has already given up, he will have to continue to do without. He can not return to that, not even in the smallest quantity.

Then, the man wants to be relieved of the pain in the stomach, and of sleeplessness. Could he be relieved of those two symptoms, he would probably begin to feel better very soon. The pain in the stomach is a sensation of burning, unaccompanied by vomiting. The appetite is fair. He says he has been taking iron and quinine. I should suppose that the man would really be better without these two drugs than with them. The bicarbonate of soda, which he has already been taking, may be continued, and to it I should add quassia and the oxalate of cerium, to be taken regularly before each meal.

The first drug which I should try in his case to induce sleep would be hyoscyamus, and for this purpose I should use the concentrated tincture, made by Kieth & Co., of this city, in from ten to twenty or forty drops; twenty drops is the average dose. It should be diluted in about eight parts of water. If, after taking this at bed-time for several nights, sleep was not induced, I should increase the dose from twenty drops to thirty, and then to forty. If the man were still unable to sleep, I should combine the fluid extract of convallaria with the hyoscyamus, with the object of quieting the irregular heart action. A common reason for the inability on the part of these patients to sleep seems to be a too rapid heart-beat,

and it is sometimes found that a combination of these two drugs will bring about sleep when hyoscyamus will not do so alone. If this combination did not prove successful, I should use one of the bromides and chloral together; the bromide of sodium, of ammonium, or of potassium—one seems to be about as good as the other. Thirty grains of one of these bromides, with twenty grains of chloral hydrate, should be given at night. That might prove a very successful remedy against sleeplessness, just as the hyoscyamus might do, and again it might not have any effect at all. In the case of some patients, instead of making them go to sleep, they are more wakeful; and in others, it has no effect whatever that night, while it may make them very sleepy the next day, and on the following night they may become still more sleepless than before.

Another drug which may be used is opium, and after all this is really a very good drug to relieve sleeplessness in a case like this, and I do not hesitate to use it. Of course, you have always to bear in mind the possibility of establishing the opium habit. But this can be guarded against if you keep the patient under observation, stopping the drug when you think it best to do so. Opium is an exceedingly good therapeutical agent for this purpose. The best preparation of the drug for making these patients sleep is not, I think, usually morphine, although for many purposes this preparation is an excellent one. The deodorized tincture of opium, prepared by Squibb, is a very good preparation for cases like the one before us; so also is codeia.

MEDICAL SOCIETIES.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Meeting of January 26, 1883.

President Dr. J. T. Eskridge in the chair.

Dr. Marie B. Werner read "A Report of a Case of Coccygodynia with Extirpation of the Coccyx." (See page 287.)

Remarks.—Dr. E. E. Montgomery referred to the manner in which Dr. Werner introduced the sutures, and explained that the pocket usually resulting from merely bringing the edges together by the ordinary method of suturing was, by this procedure, completely obliterated, and the consequent healing by granulation overcome.

Dr. L. Brewer Hall desired to be informed whether or not the severance of ligaments and the attachments of adjacent structures, the result of this operation, is followed by misplacements of the uterus. The question is still *sub judice*.

Dr. Daniel Longaker referred to coccygodynia resulting from other causes than luxation of coccyx, and directed attention to the necessity of clearly differentiating between reflex pain and that dependent upon change of relationship of structures. In a case of myo-fibroma uteri, in which coccygodynia was a most distressing symptom, the diminution of the growth was accompanied by a corresponding decrease of pain.

Dr. Henry Beates reported a case of excision of the coccyx, with result of perfect cure of dis-

ease. The lady was greatly reduced in health, having suffered from acute articular rheumatism, which involved the endocardium, and left a regurgitant mitral lesion. Superadded to this was a co-existent rectocele, and a lacerated cervix, which occasioned distressing symptoms. The coccygodynia was of twelve years' standing, and the suffering so intense that threats of self-destruction had often been made. The Doctor performed trachelorrhaphy, and at the same time excised the coccyx. The sutures were not applied as Dr. Werner's method suggests, and as a result the pocket was obliterated by healing by granulation, which required nearly five weeks. The coccyx was luxated from behind forward, with lateral (left) deviation.

Prof. J. B. Walker reported a case of peritonitis that would, in all probability, terminate fatally, which resulted from the use of large hot-water vaginal injections. The injections were used by the patient for the relief of a profuse vaginal discharge, either leucorrhoeal or gonorrhoeal in nature. The Doctor referred to the caution mentioned by Dr. E. L. Dreer, which is to obliterate the central orifice of the syringe-pipe, in order to prevent the jet being thrown into the uterine cavity.

Dr. E. E. Montgomery is of the opinion that the individual is suffering from an extension of an inflammation, gonorrhoeal or not, from the uterus to oviducts, and that the salpingitis is the cause of the peritonitis, and not the hot water.

Dr. Walker spoke of the harmlessness of hot water in the peritoneal cavity, and did not wish to be understood to state that the peritonitis was the result of admission of simple hot water, but due to *pus* entering the peritoneal cavity. The *pus*, he explained, was forced through the oviducts by contraction of the unstriated muscular fibre, and the contraction depended upon the entrance into the uterine cavity of the hot water. Too great care cannot be exercised in the use of simple, and, under ordinary circumstances, harmless injections; and this case, with its probable fatal termination, should serve to impress upon the mind of every practitioner the importance of extreme care in the treatment of similar instances of inflammatory affections of the female genito-urinary tract.

TRANSACTIONS OF THE ATLANTIC COUNTY, N. J., MEDICAL SOCIETY, HELD AT ATLANTIC CITY, ON MONDAY, FEBRUARY 5, 1883.

The President, Dr. Boardman Reed, in the chair.

The minutes of the last regular meeting were adopted as read.

Drs. S. A. S. Jessup, Rebecca Hallowell, H. H. Bennett and Chas. Souders, of Atlantic City, and Dr. Edward North, of Haumonton, were elected members of the Society.

Propositions for membership were received from Drs. William Pollard and J. J. Confort, of Atlantic City, and Joseph North, Jr., of Pleasantville.

A committee was appointed, consisting of Drs. D. B. Ingersoll, Edward North, and J. B. Somers, to take steps towards procuring more stringent laws regulating the practice of medicine, regulating admission to insane asylums, and concerning the payment of expert testimony.

The President and Secretary were appointed a committee to invite an eminent Philadelphia specialist to lecture before the Society at its next regular meeting.

The subject of "Indigenous American Medicines," was chosen for discussion at the next meeting.

An amendment to the By-Laws, inserting the reading of essays and reports of cases in practice as special items in the rules of order, was adopted.

The resignation of Dr. T. P. Waters, who has removed from the county, was received and accepted.

Dr. D. B. Ingersoll described an interesting post-mortem examination which he had recently conducted in connection with Dr. Boardman Reed. The probable cause of death, together with the medico-legal aspects of the cases were variously discussed and commented on by the members present.

Owing to his serious illness, Dr. Willard Wright was unable to be present and present his essay; he was therefore reappointed essayist for the next meeting, with Dr. L. H. Armstrong as his alternate.

After some further discussion of an informal character regarding the meeting of the State Medical Society, which meets in this city in June, the meeting adjourned to meet again on Monday, May 7, 1883.

THEO. H. BOYSEN, M. D.,
Secretary.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

A Partial Study of the Poison of *Heloderma Suspectum* (Cope)--The Gila Monster.

BY S. WEIR-MITCHELL, M. D., AND EDWARD T. REICHERT, M. D.

[Read February 17, 1882.]

(Being the complete paper, an abstract of which appeared in our issue of Feb. 24th.)

For some years past it has been known to naturalists that the Gila lizard of Arizona and Sonora was endowed with anterior deciduous grooved teeth, which communicated by ducts with large glands within the angle of the lower jaw. These arrangements naturally suggested a certain power of poisoning, as to which, however, the most conflicting accounts have reached, and continue to reach us from Arizona. In many houses the sluggish creature shown to you was a pet of children, and seems to have been averse to using his weapons of offence. The occasional accidents from his bite were variously explained away; but still, among the Indians and some settlers, he enjoyed an evil reputation. Only within a week we have had two letters from Arizona, the one describing him as "more peaceful and harmless than a young missionary," and the other as being "worse than a whole apothecary shop." Nevertheless, both in France, and of late in London, specimens have bitten and promptly killed small animals.

It is worth while to mention more distinctly some of the evidence for and against the poisoning power of *Heloderma*. His bad name in Mexico is mentioned by Bocourt and Dumeril, but Sumichrast is more full in his statements.

This curious lizard is, he says, slow and embarrassed in his movements, and hides in the daylight, and especially in dry weather, to amerge at night and in wet seasons. He is said to smell ill, in fact to be of a nauseating odor, and is described as slobbering forth a sticky, whitish saliva when irritated. The natives, says Sumichrast, hold him in the utmost terror, and consider him as more fatal than any serpent. When made to bite a fowl, it died in twelve hours, with bloody fluid exuding from its mouth, the wound being of a purple tint. A cat bitten was very ill, but recovered, remaining thin and weak. The *Heloderma Horridum* sent to London, to Sir John Lubbock, killed a frog in a few minutes, and a guinea-pig in three minutes.

Many years ago, Dr. Irwin, U. S. A. (*Amer. Naturalist*, Nov., 1882), experimented in New Mexico with the Gila monster, and concluded it to be harmless, while Mr. Horan, Superintendent of the National Museum, says he himself has been several times bitten without serious results. The following statement of Dr. Shufeldt (*Amer. Naturalist*, Nov., 1882,) adds a further difficulty in making up our estimate of the powers of *Heloderma*. The lizard he speaks of is the one we now exhibit. It was sent to the Smithsonian Institution by A. T. Burr, U. S. A., and is the *H. suspectum* of Cope.

"On the 18th inst., in the company of Professor Gill, of the Smithsonian Institution, I examined for the first time Dr. Burr's specimen, then in a cage in the herpetological room. It was in capital health, and at first I handled it with great care, holding it in my left hand, examining special parts with my right. At the close of this examination I was about to return the fellow to his temporary quarters, when my left hand slipped slightly, and the now highly-indignant and irritated *Heloderma* made a dart forward and seized my right thumb in his mouth, inflicting a severe lacerated wound, sinking the teeth in his upper maxilla to the very bone. He loosed his hold immediately, and I replaced him in his cage, with far greater haste, perhaps, than I removed him from it.

"By suction with my mouth, I drew not a little blood from the wound, but the bleeding soon ceased entirely, to be followed in a few moments by very severe shooting pains up my arm and down the corresponding side. The severity of these pains was so unexpected that, added to the nervous shock already experienced, no doubt, and a rapid swelling of the parts that now set in, caused me to become so faint as to fall, and Dr. Gill's study was reached with no little difficulty. The action of the skin was greatly increased, and the perspiration flowed profusely. A small quantity of whisky was administered. This is about a fair statement of the immediate symptoms; the same night the pain allowed of no rest, although the hand was kept in ice and laudanum; but the swelling was confined to this member alone, not passing beyond the wrist. Next morning this was considerably reduced, and further reduction was assisted by the use of a lead-water wash.

"In a few days the wound healed kindly, and in all probability will leave no scar; all other symptoms subsided without treatment, beyond

the wearing for forty-eight hours so much of a kid glove as covered the parts involved.

"After the bite our specimen was dull and sluggish, simulating the torpidity of the venomous serpent after it has inflicted its deadly wound, but it soon resumed its usual action and appearance, crawling in rather an awkward manner about its cage."

The specimen shown has eaten once since we have had him, but the Gila monster is said to live on bird eggs, and to eat daily of like food while in captivity.

The sluggish habits ascribed to *Heloderma* in general have been noticed in our specimen; but it is clear from Dr. Shufeldt's accident, that, like the habitually inert *Crotalidæ*, this creature is capable of sudden and therefore, unexpected agility in attack.

As we shall have sent to us in the spring a number of *Helodermas*, we shall then be able to complete the study of the poison of these interesting lizards—the only members of the family of lizards as yet known to be poisonous. The subject is, however, too full of interest to delay the publication of our preliminary study, since, as far as it has gone, it is perfectly definite and satisfactory.

The Gila monster inhabits the dry hillsides of Arizona, and is said to reach the length of three feet.

The specimen we exhibit is about fourteen inches long, and from war or accident, had, when he reached us, lost all but two of his teeth, and as yet no new ones have taken their places. Without them he would certainly be as harmless as a rattlesnake deprived of his fangs; and as these teeth are very small and easily removed, their absence may account for some of the instances in which the lizard has bitten and done no grave harm.

Experiments made in the usual vague way, by allowing the lizard to bite animals, are obviously untrustworthy; so that it was thought best to use the saliva in known quantities. The fluid was obtained by provoking the animal to bite on a saucer-edge—which it was most indisposed to do. When once it had seized the saucer it was hard to pull it away, so powerful was the grip of the lizard's jaws. After a moment, a thin fluid like saliva dripped in small quantities from the lower jaw. It was slightly tinted with blood, due to the violence of the bite, and it had a faint and not unpleasant aromatic odor. The secretion thus collected from the mouth was distinctly alkaline, in contrast to serpent venoms, which are all alike acid.

"*Experiment I.*—About four minims were diluted with one-half cubic centimeter of water, and thrown into the breast muscles of a large, strong pigeon, at 4:23 p. m. In three minutes the pigeon was rocking on its feet, and walking unsteadily. At the same time the respiration became rapid and short, and at the fifth minute feeble. At the sixth minute the bird fell in convulsions, with dilated pupils, and was dead before the end of the seventh minute.

"The first contrast to the effects of venom was shown when the wound made by the hypodermic needle was examined. There was not the least trace of local action, such as is so characteristic of the bite of serpents, and especially of the *Crotalidæ*.

"The muscles and nerves responded perfectly to weak induced currents, and to mechanical stimuli.

"The heart was arrested in the fullest diastole, and was full of firm black clots. The intestines looked congested. The spine was not examined."

EDITORIAL DEPARTMENT.

PERISCOPE.

Tubercle Bacillus and Phthisis.

In the *British Medical Journal*, February 3, 1883, Dr. T. Henry Green (Physician to Charing Cross Hospital, and Senior Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton), in concluding a lecture on the relation of this micro-organism to phthisis, observes, with regard to treatment: "What is the practical teaching of Koch's discovery with reference to the prevention and cure of phthisis? If our pathological conclusions be even only partially true, they clearly indicate, I think, the necessity of carefully distinguishing between the bacillus and the conditions which favor its influence, and of directing our treatment to both. We must endeavor to prevent the access of the organism, and, if possible, to destroy it after it has effected an entrance; and we must also strive to maintain a healthy condition of the pulmonary tissues, and

thus prevent the occurrence of that tendency to apical stagnation which appears to be such an important, if not essential, factor in the disease. The latter of these indications is, I believe, as important as the former; and it is, perhaps, rather in danger of being lost sight of in the very natural eagerness with which attention is now being directed towards the bacillus.

"Firstly, then, with regard to the condition of the lung which favors the influence of the bacillus. Here it is only necessary to remark that, whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels, and activity of the circulation, and the exercise of the respiratory function, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. The value of treatment which has for its object the fulfilment of these indications in the prevention of phthisis it is, I believe, difficult to over-estimate; and its usefulness is almost

equally valuable when the disease is established. I cannot but think that, in the meantime, such treatment promises better results than any attempt to attack the specific organisms. Secondly: the tubercle bacillus. The consideration of this naturally divides itself under two heads: (a) the prevention of its access, and (b) attempts to destroy it when the disease is developed. (a) The prevention of the access of the bacillus. The present position of our knowledge appears to point to the desirability of adopting measures for the disinfection and destruction of the sputa of patients suffering from phthisis; and perhaps, also, of the alvine secretions, when there is any evidence of tuberculous disease of the bowel. It also raises the question as to how far it is desirable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are suffering from the disease. If our pathology continues to move on the same lines, this subject may become one requiring the consideration of those who manage our hospitals. (b) The destruction of the bacillus after the disease is established. Attempts to do this are made principally by means of antiseptic inhalations. This is the fashionable, though perhaps somewhat misdirected, therapeutics of the day. A respirator charged with some antiseptic, such as creasote or carbolic acid, is now being largely used in the treatment of phthisis. Although I should be very sorry to unfairly criticise such treatment, I cannot but think that the evidence that its usefulness is in any way dependent upon its destruction of the bacilli, or of any infective substance which they may originate, is wanting. It seems to me much more probable that such inhalations, when beneficial, are so mainly through the favorable influence which they exercise upon the mucous membrane and secretion; and when, as is often the case, they are combined with chloroform, they will also act as direct sedatives. What we want are cases of early and progressive phthisis in which antiseptic treatment alone, without adjuncts, is followed by marked improvement. When it can be shown, *e. g.*, that the pyrexia of early phthisis is reduced by such treatment, we shall have evidence pointing to the influence of the germicides upon the bacillus, of considerable value. We are now making some observations in this direction, but, at present, with negative results. Whilst, therefore, I do not wish to be understood to discourage the treatment of phthisis by antiseptic inhalations, I think we must be careful as to the interpretation we put on their results. The treatment of phthisis and of other pulmonary diseases by means of medicated atmosphere has been greatly stimulated by Koch's discovery. Such treatment has undoubtedly been too much neglected in the past, and its prosecution promises the best results. But, in the meantime, I think we have no evidence that we are able by such means to influence the tubercle bacillus; although, if Koch's investigations be true, the discovery of some agent which, by destroying it, will arrest its injurious influence, is obviously the greatest desideratum."

—Picric acid is the latest topical application in erysipelas.

A Congenital Anomaly of the Conjunctiva, Hitherto Unreported.

Dr. J. F. Streatfield reports this case in the *Lancet*:

At the Moorfields Eye Hospital, on the 11th of May this year, I saw among others in the crowd of out-patients, a lad who had evidently some conjunctival redness of both eyes, which on examination proved to be nothing but a slight catarrhal ophthalmia. To determine this point, and suspecting it might be a case of granular lids, I looked under the upper lid, and also specially, as usual, to the outer angle of the lower lid on its inner surface. For this purpose I made traction on the skin downwards, and then also somewhat outwards. As I was thus pulling the outer canthus away from the eyeball, and everting the lid, a conjunctival fold came into view, which evidently limited and abbreviated somewhat the normal amount of separation to be effected between the eyelids and the eyeball, the palpebral and ocular conjunctivæ, at this part. Then, with another finger, I also lifted the upper lid at the outer angle, and the fold I had observed came very prominently into view. It extended exactly horizontally from just behind and within the outer canthus, to nearly the outer margin of the cornea. It would not allow the lid to be lifted so far as they may be usually away from the eyeball, but the normal movements of the eyes when the lids were *in situ* were not by it interfered with. Being stretched, by lifting the two lids as I have described, the little straight fold was seen to be semi-transparent, and, seeming to consist only of the folded normal conjunctiva, it reminded me of the little vertical fold of mucous membrane under the tongue of infants to which one's attention is so often directed, when, as their mothers and nurses say or suppose, the child is "tongue-tied." In each palpebral aperture this abnormal frænum existed, and was altogether quite symmetrical. There were no other oculo-palpebral prominent folds, nothing like symblepharon in either eye. The patient knew nothing of the anomaly I am describing; he had had nothing the matter with his eyes but the present insignificant conjunctival inflammation. Symblepharon as a congenital affection has been reported, but the present case cannot possibly, I think, come under this category, because—(1) The conjunctiva was only shortened, or of little extent, directly outwards in either eye, as a little fold forwards and horizontally, instead of a backward and vertical fold. It was not thickened, or otherwise changed in appearance, as are the folds in the reported cases of congenital symblepharon, which seem to have been the result of intra-uterine inflammation, nor did the eyes themselves and the eyelids, excepting as regards these purely conjunctival fræna, show any structural abnormality, any inflammatory results, fetal or otherwise, or any ill-development—if I may assume that these fræna were evidences of ill-development of the conjunctival sacs; because (2) these fræna in my case were only just at the outer angle—*i. e.*, where any symblepharon is not very likely to occur; and also because (3) of the exact symmetry that existed. It was, I think, a partial malformation. I find no notice of any such congenital anomaly in Professor Manz's chapter (vi.) in Graefe and

Saemisch's Handbook, or in other books. These fræna may perhaps be explained by a consideration of the development of the eyelids; an upper, lower, and inner lid are formed, of which the latter, although in the human subject it is quite rudimentary, yet must not now be forgotten, for in the novel and possibly unique case I am recording, the forward folds of conjunctiva were only at the outer canthus and exactly horizontal—that is to say, where without the rudimentary inner third lid, the two greater eyelids come close together into contact, being formed by two, an upper and a lower, infoldings of the integument. If such infoldings above and below, as two pockets, are likely, as I suppose, to leave between the two a tegumentary ridge or outfold, I will venture to guess that I have in the present case found a congenital abnormality not so very rare as hitherto undetected. We constantly open eyelids and look up and down under the two lids, but we do not specially observe if the two lids together are perfectly and normally separable from the eyeball at their junction at the outer angle. Is the common congenital abnormality called epicanthus a (displaced) development of the third eyelid of the lower animals? Is the plica semilunaris in such cases absent? I have not myself observed that it is.

The Lesion of Myo-Carditis.

Dr. James Grey Glover describes in the *Lancet*, January 20, 1883, the case of a man aged fifty, the subject of occasional attacks of emphysema and bronchitis, who was suddenly seized with violent pain in the region of the heart, and alarming syncope. When seen, there was no disturbance of the circulatory system, and having recovered from the attack, he complained only of pain across the diaphragm, and especially to the right side over the liver. In a few days, although feeling weak, he returned to his business. Ten days later, not feeling well, and having pain in the chest, he sent for Dr. G., who saw him in his library, and was just beginning to hear from him an account of his illness, when his head fell back in his chair, and his feet forward, and he died in a few minutes. A friend at whose house he called the night before said he looked ill and "altered," and complained of "a pain at the heart," but said he should soon be better.

Post-mortem Examination.—The body was found very fat, and the muscles well nourished. The cartilages of the ribs were so ossified as to require the use of the saw. There was a good deal of fat about the heart; but no hardening of the coronary arteries. The pericardium contained about an ounce, or less, of fluid. There was an echymosis on its inner surface opposite the base of the heart, to the left side in front. There was also a little recent lymph hereabouts. But the marked lesion was on the front of the apex of the heart, affecting, apparently, both the surface and a layer of the substance of this organ. At this spot there was a well-defined roundish patch, less than the size of a five-shilling-piece. It looked badly damaged, and on the road to gangrene or sloughing. In color it was dirty red, with a little dirty lymph about it. The great vessels proceeding from the heart contained decolorized clots of fibrin.

The opposing spot of the pericardium had a corresponding appearance—echymosed and with a little dirty lymph on it, but with no adhesion. The valves were unaffected. The lungs were emphysematous and congested, but everywhere free from consolidation. The liver was hard, and its capsule at parts opaque. The kidneys were similarly affected, and had a few small cysts on their surface.

Remarks.—I shall not attempt to trace the course of pathological processes in this painful case, nor assign their exact significance. The fibrinous clots in the large vessels probably had much share in causing death. Possibly some similar clotting may have occurred in the nutrient arteries of the heart, and so led to the lesions described above, but the coronaries were free from obvious hardness. Possibly, a patient more willing to rest, from the beginning, might have fared differently. The case is interesting in this further respect, as one of the gravest heart lesions, with an absence of physical signs thereof.

The Pathology of Deaths from Burns.

The *Medical Record*, January 27, 1883, says that Zullner has published more extended reports of the examinations made by him of the corpses of those who perished in the burning of the Ring Theatre, in 1881. All the bodies, even those which exhibited no external marks of injury, were more or less covered with a thick layer of soot. The upper extremities were strongly abducted from the shoulder, the elbows were bent, and the forearms pronated, so that the backs of the hands lay near the face. A fighting attitude was thus simulated in some cases. This was due to shrivelling, and consequent shortening of the muscular fibres, by the action of heat. The large cavities, and more especially that of the abdomen, were often burst, even in bodies not otherwise much injured, and the bowels protruded. In females, the tympanic state of the abdomen frequently simulated a state of pregnancy.

The blood showed every grade of consistency, from the normal, through the viscid state, up to a completely friable dry mass, in which last condition the blood-pigment was found to be in an insoluble state. Occasionally, the blood formed a dull lustrous mass in the uninjured heart and blood vessels. Examined spectroscopically, the blood always showed the bands of carbonic-oxide-hæmoglobin, even in the case of bodies which had remained buried beneath rubbish for a month. In all the bodies which were incinerated, the heart was found in diastole, and rigidly distended with clotted blood. This sometimes gave rise to a suspicion of concentric hypertrophy; but the thin walls of the organ at once revealed the nature of the appearance.

The bones exhibited every stage of burning, from a simple combustion up to a complete calcination. The jaw was mostly firmly closed. The muscles, where the skin was unbroken, had a boiled appearance; but, where they were charred, the odor was that of smoked meat. The drying-up of the flesh, and its permeation by pyrogenous products, obviously retarded the advent of putrefaction. In the eye, the application of lower grades of temperature manifested itself as a tur-

bidity of the cornea, and complete opacity of the lens, giving the appearance of cataract. The larynx, trachea, and nostrils, were often filled with foreign material from the stomach, perhaps due to the vomiting excited by carbonic oxide. The urinary bladder was often full of urine, even when the abdomen had burst. Occasionally, where the bladder was empty of urine, it contained a gelatinous substance with embedded blood-corpuscles. This was found by E. Ludwig to consist of gelatine, probably derived from the connective tissue by the action of heat. Similar gelatinous masses were found in the uterus in some cases; and this organ was found to be very resistant to the action of heat.

Artificial Nephritis.

The *Med. Times and Gazette*, January 27, 1883, says:

Dr. Aufrecht, of Magdeburg, who is already known from his researches on the effects of ligaturing the ureter, has recently published an account of further experimental work in the pathology of the kidney (*Centralblatt f. die med. Wiss.*, November 25, 1882). The ingenious plan was adopted of administering cantharides subcutaneously to animals, and examining the kidneys at intervals after various numbers of injections in different cases. The stages of nephritis could thus be obtained with great ease, and the process followed from one set of renal elements to the others. The general result at first sight appears remarkable. It was found that simple tubular catarrh, tubulo-interstitial inflammation, and ultimately granular disease, were set up by the single irritant cantharides. Dr. Aufrecht is careful to say that it must not be rashly concluded from these observations that Bright's disease is but one and the same process, whatever "form" it takes. The conditions in chronic renal disease in man are obviously totally different from the conditions just referred to. It is, however, an important fact that the tubular disease always precedes the interstitial; and that the latter appears to originate in the connective tissue nuclei, not in the vessels by way of exudation of leucocytes. Acute nephritis induced by cantharides is not indeed attended by any exudation of white corpuscles. It seems obvious that artificial nephritis promises to furnish pathologists with a field for contention almost as large as was furnished by the cornea some eight or ten years ago—Cohnheim's views of the nature of inflammation being still actively combated by other morbid anatomists. In this connection, as well as from its bearing both on the nature of Bright's disease and the possible danger of repeated blistering, we are likely to hear more about artificial nephritis from cantharides. In the same connection, it may be noted that Litten (*Charité Annalen*, VII., page 187, 1882) has observed a case in which inunction with a preparation of balsam of Peru (for scabies) induced acute desquamative nephritis and dropsy on three different occasions.

Bone and Brain Disease in Syphilis.

Before a meeting of the Pathological Society of London, (*Lancet*, December 30, 1882), Mr. Victor Horsley exhibited specimens of Bone and Brain

Disease in Syphilis. The organs shown possess no special interest beyond the fact that successful treatment lessens the opportunities of studying syphilitic lesions. In this case the patient was admitted into University College Hospital under Mr. Hill, from the Lock Hospital, Soho, in a very weak state, and suffering from pyæmic abscesses. What history could be obtained showed his condition to be pyæmic, following on necrosis of the facial and cranial bones. The specimens show, first, the points of necrosis on the frontal and malar bones, together with the spongy bones of the nose, of which the inferior turbinate was found post-mortem to be a mere sequestrum, and kept in the nasal fossa by tenacious mucus. The whole mucous membrane of the pharynx is hyperæmic, and shows a few cicatrices of previous ulceration. The seats of active mischief were excessively foul, the smell of the discharge not being controlled by antiseptics. The frontal bone shows very well the cicatrices of former ulceration and destruction of the outer table. The lungs on both sides showed some cirrhosis of the apices and broncho-pneumonia; the liver, fatty and cirrhotic, presented a depressed scar on its surface penetrating a quarter of an inch into the substance of the organ. Both spleen and kidneys were cirrhotic, while the former was greatly enlarged, being seven inches long by four inches and a half by two inches. The other abdominal organs showed no particular lesion. On removing the brain there was found an excess of cerebro-spinal fluid, while the arachnoid and pia mater at the base were opaque, and in places matted together by exudation. This did not seem to have caused any paralysis of any cranial nerve. There is asymmetry of the cerebellum, the lateral lobe of the left side being deficient on its under surface at the anterior border, the flocculus being scarcely represented. This does not seem to be the result of disease. There were eleven abscesses in the connective tissue of the limbs and trunk.

Physiological Action of the Bromide of Conium.

The *Medical News*, February 10, 1883, says that Prevost (*Arch. de Physiol.*) comes to the following conclusions from an experimental study of this drug:

1. Paralysis from the bromide of conium results from its effects upon the motor nerves, whose irritability is destroyed.
2. If the blood vessels of the posterior extremities of a frog be tied, and then the drug injected, these parts will remain unparalyzed, while the anterior part of the body is affected.
3. In this way, the action of both strychnia and conium can be demonstrated on the same animal.
4. The vagus is affected more quickly than the other nerves, and also regains its normal condition sooner.
5. The secretion of the urine, saliva, and tears, is increased by conium.
6. The conium is excreted in the urine. The urine of a cat which had been poisoned with conium was evaporated to a syrup, and portions of this were injected under the skin of several frogs, in all of which it produced characteristic symptoms of conium poisoning.
7. The secretory nerves preserve their irrita-

bility and augment the secretions, simultaneously with the loss of irritability of the vagus and muscular nerves. However, electrical irritation of the cervical sympathetic and of the chorda tympani arrests the secretion of the saliva. Peripheral irritation of the nerves of the arm induces free perspiration of the palm, when muscular contraction cannot be produced. The same is true of the nerves of the foot.

8. In the warm-blooded animals, if artificial respiration be resorted to, the heart continues to beat.

9. It is doubtful if the nerve centres are at all affected by the poison, for in warm-blooded animals the convulsions were wholly due to asphyxia, and were relieved when artificial respiration was practiced.

10. The irritability of the muscular substance is not affected by the drug.

The Bacillus of Whooping-Cough.

From the *British Medical Journal*, January 27, 1883, we note that Dr. C. Burger, of Bonn, in the first number of the *Berliner Klinische Wochenschrift* for this year, describes at length the special micro-organisms of pertussis, which he states can be found in any specimen of whooping-cough sputum. They appear, under an immersion-lens VII., ocular 0 of Seibert-Kraft, as small elongated elliptical bodies of unequal length, the smallest being double as long as broad. Under a very strong power, transverse subdivision can be detected in the longest specimens. They may form chains or groups, but are generally isolated and scattered singly all over the field. They bear a certain resemblance to *Leptothrix buccalis*, the spores of which are often found in whooping-cough sputum; but the latter are larger and stouter, and near them the filiform mature leptothrix is always present. Occasionally some of the specific bacilli are found to be inside the mucus-cells in the sputum. The bacillus is easily prepared; they can be readily recognized if colored in the usual way by watery solutions of aniline. Fuchsin and methyl-violet were employed by Dr. Burger. As in the case of *Bacillus tuberculosis*, this micro-organism is best studied when mounted in the dry way. Dr. Burger concludes that this bacillus is the actual producer of pertussis, because it is not found in any other kind of sputum, because it is so abundantly produced in whooping-cough that its influence cannot be doubted, because its abundance increases in direct proportion with the severity of the disease, and "because the course and symptoms of the whole disease are best explained by the development of this fungus."

The Physiology of Sugar in the System.

The *New York Med. Jour.*, January 27, 1883,

says:

In his new article on "A New Line of Research bearing on the Physiology of Sugar in the Animal System" ("Proc. of the Roy. Soc.," xxxii., 214), Dr. F. W. Pavy concludes that bernardin (glycogen) does not undergo any significant transformation into sugar in contact with blood. Bernardin exists to a distinctly notable extent as a normal

constituent of blood. The evidence derivable from the observations recorded on the addition of bernardin to the blood and its subsequent recovery, and on its extraction from the liver by boiling water on successive days, and by water at 300° Fahr., tends to show that bernardin enters into feeble combination with nitrogenous matter. Bernardin exists in notable amount, not only in muscle, as has been previously known, but also in the spleen, pancreas, kidney, and brain. (He has only examined these structures.) It also exists in notable amount in the white and yolk of eggs. These several products likewise contain a cupric-oxide reducing substance, which is extracted by alcohol, and which, in most instances, possesses the character of glucose, but specially, in the case of muscle, the character of maltose. Through the existence of glycogen throughout the system, as has been represented, we have a carbo-hydrate occupying a parallel position to albumen—viz., existing in a colloid state, and thus adapted to retention in the body, instead of passing off as a diffusible substance, as glucose tends to do.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"Modified Listerism," is what Dr. Edward W. Jenks, of Chicago, recommends in ovariectomy. (Reprint.) What this amounts to is really not much more than "careful attention to perfect cleanliness." No doubt this is sound doctrine; but it is giving Lister more than his due to attribute to him the discovery of the benefits of cleanliness!

—A valuable reprint is that of a series of articles by Dr. J. Marion Sims, "On the Treatment of Gun-shot Wounds of the Abdomen in relation to Modern Peritoneal Surgery." London, pp. 32. His conclusions are the result of an experience hardly equalled by any of his contemporaries.

—The prevention and treatment of blennorrhoea of the new-born infant, is the subject of a monograph, recently reprinted, from the pen of Dr. M. Landesberg, of Philadelphia. In inflammatory cases he has found eserine of much service.

—The latest issues of the Health Primers republished by D. Appleton & Co., New York, are "The House and its Surroundings," and "Premature Death, its Promotion or Prevention." They are well written and well printed, though better adapted to English than American life and surroundings. For this reason we should prefer sanitary treatises by authors of our own country.

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The price of subscription remains the same, \$2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

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THE SOUNDS OF THE HEART.

The time has long gone by, says Dr. W. H. Broadbent, in the January number of *The Practitioner*, when the recognition of a murmur at the base or apex, systolic or diastolic in time, or even of obstruction or regurgitation at one or other of the orifices or valves, could be accepted as an adequate diagnosis of heart disease. If a valvular lesion exists, the degree of obstruction or the amount of regurgitation must be estimated, the condition of the walls and cavities of the heart must be ascertained, and the effects of the interference with the current of blood must be traced. But in a large majority of affections of the heart, and these some of the most deadly, there are no murmurs from first to last, and we have to seek the elements of a diagnosis in other evidences of structural change or functional failure, in the seat and character of the apex beat, in the situation, extent, force, and character of the impulse elsewhere than at the apex, in the dimensions of the heart and the relative size of its different chambers as revealed by percussion, and in modifications of the sounds.

When, in enteric fever, the first sound becomes short and feeble, or ceases to be audible, there is considerable danger. The left ventricular sound is somewhat prolonged and more dull when the ventricle is hypertrophied. It is in dilatation of the left ventricle that the short first sound is most common. When it is at the same time loud and low in pitch, the dilatation may be considered to be accompanied by some degree of compensatory hypertrophy; when the ventricular wall is thin, it will be sharper, and when the heart's action is weak, this sound will also be weak. In fatty degeneration, the first sound is peculiarly short and sharp but weak, and there is no true impulse or push, but only a tap against the chest wall. In mitral stenosis it becomes extremely short and sharp, and when the presystolic murmur is lost, this may constitute the main element in diagnosis. A weak aortic second sound (heard in the second right intercostal space, close to the edge of the sternum, and from this spot

upwards to the right sterno-clavicular articulation, and also over the carotids), not the result of valvular disease, is evidence of a weak ventricular contraction from some cause or other, while a lowered pitch and a ringing tone is indicative of dilatation or aneurism of the aorta. Reduplication of the second sound is a frequent effect of mitral stenosis and pericarditis.

When compensatory hypertrophy is failing and dilatation is the predominant feature, the occurrence of the second sound is most strikingly delayed, and the increased duration of the systole is all the more conspicuous from the fact that in this condition of the heart the first sound is usually short and sharp. The combination of a short first sound, with a prolongation of the interval between this and the second sound, causing a tic-tac rhythm, is very frequently met with in renal disease. This same tic-tac character is usually marked in fatty degeneration of the heart, though it is not diagnostic, as the rhythm has been preserved in cases where the clinical history and mode of death was suggestive of fatty degeneration. The feeble, distant ticking is most striking in large effusions into the pericardium, but it may occur in advanced degeneration and dilatation.

In extreme cardiac asthenia, from fatty degeneration, acute dilatation or the late stage of chronic dilatation, the interval between the first and second sound may be abnormally short. When the second sound follows the first immediately, the danger of future syncope is great.

THE MISSION OF MEDICAL JOURNALISM.

When we stop to reflect for a few minutes on the mission of medical journalism, we are struck with its sublimity and importance.

If it is grand and noble for a man to go about among his suffering fellows, bringing relief and scattering morsels of comfort to the sick and afflicted, how much grander and nobler is that factor that gives to him the power to thus avert or correct the multitudinous evils to which fallen human nature is heir-apparent.

It is primarily to his medical journal that the physician is indebted for his medical knowledge.

All the progress, all the advance in the various departments of medical science, all new operations, every novel instrument, all that is new in every branch of our own and collateral sciences, first sees the light of day in the columns of our medical journals, from which, after a time, that which has possessed sufficient merit to stand the searching test of critical experience, is transferred to the pages of text-books. It is, comparatively, rarely that any *absolutely new* matter is found in medical books; this is not an absolute rule, but it is one to which the exceptions are very few and very far between; the great proportion of the matter found in text-books has been transferred from the journalistic columns. Some literateur, who, combined with a love for reading, an assortive mind, and a quick perception, possesses powers of discrimination, arrangement, and a pleasant style of writing, will cull from these journals, here and there, whatever may have been proved really valuable, and will arrange them in appropriate order, adding a little of his own personal experience, if he has had any, and his finished production constitutes the particular text-book.

If, then, this material is to be found, fresh and at first hand, in the medical journals, it is evident that he who would keep pace with professional progress, must read these journals.

Again, in order that the columns of these journals should be valuable, it is evidently necessary that physicians should write for them. By following out the advice we gave in a recent editorial on "The Collective Investigation of Disease," and keeping such records as were therein recommended, every man in active practice could find something to communicate that would prove both valuable and instructive.

The gift to felicitously express one's self in writing is rare, but this should not deter a man from writing. When you have something valuable to communicate, though you may be unable to do so in the easy-flowing language of De Quincey, yet the solid, substantial facts are there, and no matter howsoever homely may be your expression, yet such a communication will benefit your

profession and redound materially to your reputation and your benefit.

We would advise all physicians to subscribe to and regularly read as many medical journals as their means will allow, and urge upon them to cultivate the habit of writing short, practical communications for publication.

INSTRUCTION IN MENTAL DISEASES.

A most praiseworthy effort has been set on foot looking to the instruction, both didactic and clinical, of medical students in mental diseases, and it is one that deserves most hearty support and co-operation.

Realizing that insanity, in its incipency, must always pass under the observation of the general practitioner, before the patient be definitely committed to the expert as insane, an acquaintance with its phases is a necessity to the practicing physician.

A committee, consisting of Drs. E. C. Seguin and M. Putnam Jacobi, of New York, and Margaret A. Cleaves, Harrisburg, have issued a circular to our various medical colleges in which they recommend such instruction by means of—

1. *A chair or lectureship on psychiatry.*
2. *A clinic of psychiatry, held in an asylum for the insane.*

It is stated that nearly a dozen schools in this country already advertise lectures on insanity as a part of their course.

While we thoroughly appreciate how great are already the labors imposed on students in our best institutions, yet this innovation seems so manifestly demanded, in the interests of humanity, that it really is strongly entitled to consideration.

VACCINATION IN MALIGNANT CHARBON.

When the results obtained by M. Pasteur through the inoculation of the attenuated virus of malignant charbon were published, it was considered a scientific experiment, and but few thought that any practical benefit would accrue therefrom. The report recently presented to the veterinary society of the department of Eure-et-Loire, show that these vaccinations, practiced on a large scale,

have given unexpected results. The number of sheep vaccinated in this department was 79,312; the annual loss on these flocks amounted to 7,237 animals, or about 9 per cent.; since vaccination but 518 animals have perished, or about $\frac{63}{100}$ of 1 per cent.

It is true that the general mortality from charbon among the sheep in the department was lower than usual (about 3 per cent.), so that the loss among these 79,312 sheep would have been 2,382 instead of 518 after vaccination.

In flocks partly protected, the mortality among 2,308 vaccinated animals was 8, or $\frac{4}{10}$ of one per cent.; and among 1,659 non-vaccinated, 60, or $3\frac{1}{10}$ per cent. In these flocks the vaccinated and unvaccinated were under exactly similar conditions as regarded food, stable, temperature, etc.

The veterinary surgeons vaccinated 4,652 cattle, among which the annual loss from charbon was 322 animals; since vaccination but 11 cows were lost, showing a reduction in the annual mortality from $7\frac{3}{10}$ per cent. to $\frac{24}{100}$ of one per cent.

As the mortality from charbon among horses was light, and vaccination induced glandular enlargements, the operation was not undertaken on a grand scale.

TIME WASTED IN DRUG STORES.

We have been requested by many parties, time and again, to have something to say about the annoying way in which their valuable time is consumed by delays in drug-stores.

We do this the more willingly, because we thoroughly realize that their complaint is a just one.

Dispensing druggists, as a rule, seem to forget that ordinary business principles ought to guide them; and in some cases, where a dear relative is very ill, the delays, which are so evident to the one waiting for medicine, will surely lose to this particular druggist a goodly share of trade. One of our complainants went recently to a first-class pharmacy for a certain medicine, at two o'clock in the afternoon; they did not have it, but the obliging clerk said he would get it in fifteen minutes. After sending for it twice in the interval, it

was received at six o'clock. In all kindness, we would urge upon druggists the cultivation of that trait which is so eagerly sought after by those in all other lines of trade, viz., promptness in executing orders.

THE STUDY OF VETERINARY SCIENCE.

It was a gratifying evidence of the practical progress of scientific pursuits with the needs of the world that was witnessed at Chickering Hall, New York, on February 27th, when the American Veterinary College held its eighth annual commencement.

It is pleasing to all properly-disposed persons to see evidences of interest in the welfare of the brute creation, which was made strikingly evident by the number of distinguished gentlemen at this commencement. The degree of Doctor of Veterinary Surgery was conferred upon twenty-two graduates.

We are soon to have a Veterinary Department in the University of Pennsylvania, and it is but a short step to the time when veterinary medicine and surgery will possess its own respectable and legitimate position in society.

NOTES AND COMMENTS.

Movable Kidneys.

Dr. E. C. A. Bains, referring to the fact that Mr. Lawson Tait had said that he had never seen a floating kidney either in life or in a museum, describes the following case in the *British Medical Journal*, January 13, 1883. S. B. aged 67, had suffered from albuminuria for several years. Six months ago she consulted me about a tumor, which she said both she and her daughter could move from "front to back." On examination, I found a floating kidney lying close to the right anterior superior spine of the ilium, and I could readily replace it to its proper position. It had never caused her the slightest pain or inconvenience. On November 17th she died, after a few days' illness, from pneumonia. On November 19th I made a post-mortem examination in the presence of a pupil of my partner and our assistant. I found that the kidney could be moved several inches without detaching it. On section it presented the following appearances: The kidney-structure had entirely disappeared, in its place

was a sacculated cavity. The pelvis of the kidney was occupied by a calculus, weighing four drachms, shaped like a map of Italy. The left kidney was enlarged and congested.

Eucalyptus Oil in Obstetric Practice.

Dr. Sloan awards very high praise (*Progrès Méd.*) to eucalyptus oil as a preventative of puerperal septicæmia. He recommends it more particularly in cases where there has been effraction of the tissues.

The following mixture may be used to assure uterine contraction after labor:

R. Sol. morphia chlorhydrat (B. Ph.)	gtt.-xc.
Tr. nucis vomic.,	f. 3 ss.
Ext. ergot fl.,	f. 3 ij.
Tr. aurantii,	f. 3 iij.
Aquæ ad.,	f. 3 ij.

M.—One drachm may be given every 4 or 6 hours. Twice daily injections containing carbolic acid or permanganate of potash.

According to Dr. Sloan, eucalyptus oil offers the following advantages: It is not poisonous, it is not irritating, and does not coagulate the lochial discharges. Its odor is generally agreeable, and it appears to aid uterine contraction.

The author employs it in form of pessaries composed as follows:

R. Ol. eucalypt.,	3 iv.
Cera alb.,	f. 3 ij.
Ol. theobrom,	3 iv.

M.—For 12 pessaries. Another combination which sometimes proves too irritating, contains 24 grams of the eucalyptus oil.

Dr. Sloan reports cases where these suppositories have been of great service, and one in particular where subcutaneous injections of the oil diluted with olive oil seemed to save a patient almost ready to succumb.

Treatment of Increased Arterial Tension.

In the *Brit. Med. Jour.*, February 3, 1883, Solomon Charles Smith, M. D., Surgeon to the Halifax Infirmary, after discussing this subject, and dwelling at length on the physiology of the circulation, concludes that the presence of increased arterial tension or blood-pressure involves the existence of obstruction at one end, and increased heart-force at the other: that it is important to distinguish between these two conditions; that the form of trace usually considered indicative of high tension really only shows obstruction, which, while necessarily occurring with it, may also occur by itself; that the measure of the tension is the pressure required to stop pulsation in the

artery or the circulation in the limb; and that while we should always try to reduce abnormal obstruction, we should but seldom interfere with the tension as such, unless it threaten danger to the heart or vessels.

Fistula in Ano.

An exhaustive discussion on the treatment of fistula in ano took place before the Société de Chirurgie (*Union Med.*, October 10-17, 1882). M. Lucas-Championnière advocated the ligature and reported five successful cases. M. Verneuil protested against its use, preferring Paquelin's cautery. M. Després favors the écraseur and the bistoury; with the latter he has operated in 220 out of 230 or 240 cases, never had hemorrhage, and never lost a patient from purulent infection; but he always prepares his patients by a week or two of repose, lotions, and baths. The écraseur he has used ten or twelve times, and never had a relapse. It was contended that no general rules of treatment could be laid down, but that each case must be studied as to the indications for the line of operative procedure.

Obscure Cancer of the Stomach.

Mr. Raymond, in the *Progrès Médical*, No. 52, 1882, and No. 1, 1883, relates a case in which the only symptoms were cachexia, generalized edema, and serous diarrhoea. There were no physical signs to explain these symptoms. There was no dyspepsia. At the post-mortem all the viscera were found healthy, except the stomach, in which were found a number of sub-mucous greyish tumors, varying in size from a small apple downwards. They were non-pedunculated and there was no ulceration. On microscopical examination these tumors were composed of alveolar stroma, enclosing large cells of very varied forms, some flat, others rounded. It is somewhat strange, perhaps, that the secretion of gastric juice was not more interfered with than it seems to have been. Such a case as this is quite beyond the reach of legitimate diagnosis, with the means at present at our disposal.

Danger from Cinnamon-Colored Clothing.

A death is reported to have recently occurred in Warsaw in consequence of the victim wearing cinnamon-colored clothing. The dye faded under the influence of perspiration, and was partially absorbed through the skin. Poisonous matter contained in the dye caused death. The first symptoms were vertigo, bleeding from the mouth, and loss of sight. The case baffled the skill of

the physicians. Every remedy was tried in vain. Before he died, the patient gave the name of the dealer from whom he bought the clothing, and the police are investigating the subject. A solution of the dye given to a dog caused death in an hour.

To Disguise the Taste of Quinine.

Mr. J. K. Lilly proposes for this purpose a syrup of Yerba Santa, the formula for which he gives in the *Chicago Med. Rev.*: "Fluid extract yerba santa, four parts; water, eight parts; powdered pumice, one part; granulated sugar, fourteen parts. Mix the fluid extract with the water, evaporate to seven parts, shake with pumice, allow to stand, decant, add sufficient water to preserve measure, then with heat dissolve the sugar. The addition of fluid extract of licorice in the proportion of half a drachm to the ounce of syrup, or of aromatics, adds somewhat to the elegance of the preparation."

Venus's Fly-Trap.

In the course of his lectures on "Human Automatism" (*New York, Med. Jour.*, January 27, 1883), Dr. W. B. Carpenter made reference to the Venus's fly-trap as described by Mr. Darwin. It has a leaf consisting of two broad expanded lobes, with prickles upon the surface of each; and it is sufficient to touch either of these prickles for the lobes to fold together so that the sharp spines which project from the edge of each, cross those of the other, inclosing any unfortunate insect that has alighted upon the leaf; and upon them the plant lives and grows.

Tonsillotomy in Children.

Referring to the operation for the removal of enlarged tonsils, affecting the physical growth of children, Dr. W. H. Daly says in *The Medical Record*, February 10, 1883, that it has always in his experience been most positive and flattering in the highest degree; so much so that he never hesitates to assure the friends that they may look for improvement in the physical status of the child, and he is never disappointed, especially if proper treatment is carried out with reference to the cure of concomitant catarrhal disease of the naso-pharynx.

The Injudicious Use of Quinine.

Dr. D. B. St. John Roosa wisely calls attention to this pregnant question in the *Medical Record*, February 10, 1883. Admitting and realizing the great value of this drug in all affections of a true

intermittent character, he condemns in unmeasured terms its household use, and warns the public against the prevalent habit of using it to "break up" a cold in the head, which it often intensifies by the cerebral hyperæmia which it induces. It may cause serious disease of the eye or ear, and he considers it absolutely valueless in pyæmia.

Pilocarpin in Puerperal Eclampsia.

Dr. Cantilena reports a case of a woman unconscious with puerperal eclampsia. There was slight œdema and albuminuria. Many measures had been unavailingly tried, and there were little hopes of recovery. A hypodermic injection of $\frac{1}{3}$ of a grain of muriate of pilocarpin was given and repeated in five hours. There was abundant perspiration and salivation, with marked improvement. The injection was repeated twice on the ensuing day, and a perfect recovery resulted.

Dry Cupping and Rest in Locomotor Ataxia.

Dr. Henry M. Lyman considers that even if these means possess no curative power, yet if they did no more than merely relieve pain, which they do, they would be invaluable. He says (*Chicago Med. Jour.*, January, 1883): "Its effect upon the general health and nutrition gives it the right, in this case at least, to rank with hydrotherapy, massage, and the Swedish movement cure, as a method of treatment which deserves trial as a means of retarding the progress and relieving the anguish of one of the most intractable of diseases."

Compound Fracture of Femur.

In the *British Medical Journal*, January 20, 1883, Dr. Arthur E. Barker reports a case of compound fracture of the femur, complicated with erysipelas and pyæmia, in which the thigh was amputated, and subsequently exarticulated at the hip, with complete recovery. The patient was a healthy man aged twenty-nine, and the good result was, in a great measure, attributed to the complete rest, local and general, which was rendered possible by the use of the unfrequent dry antiseptic dressing, in the subsequent treatment.

Removal of a Large Bronchocele.

The *Med. Record*, February 10, 1883, records that Dr. Cheever, of Boston, removed, quite recently, a large bronchocele at the Boston City Hospital. The tumor weighed ten ounces. The right and left lobes were dissected in turn from their beds by the usual incisions, and the thyroid and other arteries tied before they were severed,

The amount of blood lost was inconsiderable, scarcely equaling eight ounces. The patient subsequently died of shock at the end of twenty-four hours.

The Antiseptic, Glacialine.

New Remedies, for January, 1883, says that according to Dr. Besana, this substance, which has met with so much favor in England and elsewhere as an antiseptic, especially for the preservation of milk, meat, and other articles of food, has the following composition: Boracic acid, 18 parts; borax, 9 parts; sugar, 9 parts; glycerin, 6 parts. A Roman composition of a similar kind was found to be nothing but pure boracic acid.

Plantago Lanceolata as a Styptic.

The plantain juice does not contain tannin, but Professor Quinlan (*Phar Jour.*, No. 637, 1882,) has derived excellent results from its use (chewed form or dried leaves) as a styptic application in external hemorrhage and internal bleeding from lungs, kidneys, and bowels. In menorrhagia he has had fair results from large and repeated doses of the juice, either fresh or mixed with alcohol or glycerine.

Alcohol in Scarlatina.

Dr. Giles Mitchell reported to the Cincinnati Academy of Medicine forty-three consecutive cases of scarlatina treated with large doses of alcohol, without a single death. A half ounce of whiskey every hour was given to a child two years old for a number of days, without the slightest sign of intoxication. When the kidneys became implicated, the alcohol was still used. It always produced a fall of temperature. The report is found in the *Medical Times*.

Cure of Abscesses of the Neck Without Cicatrices.

Dr. F. J. B. Quinlan recommends the passage through the abscess of a fine silver wire, and the ends tied outside, when it will act as a drain. This must be done before the pus reaches the surface, when it is, say half an inch from the external surface. No poulticing or stuping must be used, and when the abscess is evacuated a compress applied. This procedure has never failed in his hands.

A Successful Nephrectomy.

Mr. Morratt incised the pelvis of the kidney in a boy aged sixteen, giving vent to about thirty ounces of purulent fluid, which produced very beneficial results. This improvement, however,

was not maintained, and the *British Medical Journal*, of January 20, 1883, tells us that on the 28th of last December the whole of the kidney was removed piecemeal. Up to January 18th he was progressing favorably.

Simonnot's Anti-Blennorrhagic Boluses.

The *Jour. de Med. de Paris* gives this formula :

R. Copaiba balsam,	$\bar{3}$ vj.
Powdered cubebs,	$\bar{3}$ iij $\bar{3}$ viss.
Wax,	$\bar{3}$ iij.
Powdered rhatany,	$\bar{3}$ iij.
Carbonate of magnesium,	$\bar{3}$ iss.

To be made into boluses of 15 grains each, which are to be rolled in subcarbonate of iron, and coated with an ethereal solution of tolu balsam and mastic.

Nerve Stretching.

Dr. John A. Wyeth finishes a short report on this subject in the *American Journal Neurol. and Psych.*, November, 1882, with the following conclusions :

1. A simple operation, comparatively free from danger, will afford temporary relief from pain so atrocious that even temporary surcease justifies the risk and its repetition.

2. That the muscular ataxia of *tabes dorsalis* is very slightly, if at all, relieved by this operation; certainly not enough to justify it.

Tolerance of Chlorodyne.

Dr. Henry Barnes (in the *British Medical Journal*, November 25) reports the case of a young woman who had been a hospital nurse, and who had contracted a habit of dosing herself with chlorodyne. Her usual dose was a bottle, which contains $2\frac{1}{4}$ oz., and a $\bar{3}$ v. bottle only lasted her little more than 24 hours. She was under treatment, and was slowly recovering.

Nasal Disease a Cause of Asthma.

Voltoini first directed attention to the relation of cause and effect between polypus of the nose and asthma, but now Dr. G. Hunter Mackenzie calls attention in the *Edinburgh Med. Jour.*, February, 1883, to a case in which simple chronic inflammation of the nasal mucous membrane, without a polypus, was clearly the cause of aggravated and persistent attacks of asthma.

Mercurial Glycerite.

According to Dr. Vigier, drugs incorporated with glycerine are not at all absorbed, but mercury with lard is absorbed, and he therefore

recommends the following (*Gaz. Hebd. de Med.*) as an anti-parasitic mixture, that will not be absorbed, in scabies, pediculi, etc.

R. Hydrarg. bichlorid.,	$\bar{3}$ iss.
Glycerine,	$\bar{3}$ iij.
M.	

Paraldehyde as an Hypnotic.

Dr. Vincenzo Cervello, of Palermo, says that paraldehyde in doses of 30 to 45 grains induces a quiet, reparative sleep, not followed by headache, loss of appetite, or mental confusion, as after chloral. It is very useful in the periodical mania of progressive paralysis, in acute and chronic mania, delirium tremens, etc.

Paralysis from Slight Handling of a Nerve.

Dr. Alfred C. Post, of New York, removed a neuroma from the median nerve, which he succeeded in enucleating without injury to the nerve. The next day (*N. Y. Med. Jour.*, January 6, 1883), there was paralysis of both motion and sensation of the forearm and hand, not absolutely complete, but nearly so. The patient is now gradually recovering.

An Improved Catheter.

The lower end of the ordinary catheter offers a comfortable resting-place for bacteria, etc., which Dr. Hupeden thinks are very active in prolonging chronic vesical catarrh. He therefore recommends in the *Berliner Klin. Woch.*, January 15, 1883, that the instrument be made solid up to the openings in the side, which will greatly facilitate cleaning.

Indicative of Hepatic Abscess.

Dr. J. Kingston Fowler (*Lancet*, January 20, 1883), is strongly impressed with the fact that when obscure disease, *e. g.*, pleurisy with doubtful pneumonia, at the base of the right lung, is associated with profuse sweating, the formation of an hepatic abscess should be suspected.

Exhausted Linseed Meal for Poultices.

M. Lailler (*Rep. de Phar.*), thinks that linseed meal which has been deprived of its oil is superior to that which has been freshly ground and used in its natural state; it retains its heat longer, while when the oil is present, it becomes rapidly rancid and seriously irritates the skin.

The Significance of Peptonuria.

Dr. Jaksch (*Wiener Med. Woch.*, No. 42, 1882), thinks the excretion of peptone in the course of pneumonia, acute articular rheumatism, mening-

gitis, etc., indicates that the inflammatory process is subsiding.

Death from Dichloride of Ethidene.

The *Lancet*, January 27, 1883, records the death of a man who was anesthetized with the above agent. Nitrite of amyl, and artificial respiration for an hour, were useless. The heart was flabby, thin and extensively degenerated; the valves were healthy.

The Immediate Removal of the Secundines after Abortion.

Dr. Paul F. Mundé contributes an article on this subject to the *Amer. Jour. of Obstet.*, February, 1883. From a review of 57 cases, he concludes that the safety and utility of the forcible removal of the secundines is abundantly proved.

Rupture of the Heart.

Survival for forty hours, after a rupture half an inch long in the posterior wall of the left ventricle, is so unusual that the case described by Dr. S. Coupland in the *Lancet*, December 2, 1882, is worthy of record.

Sodium Bicarbonate in Acute Tonsillitis.

Dr. J. O. Skinner, U. S. A., corroborates, in the *Med. News*, Dr. Stuver's experience with this drug. He places great reliance on it, combined with tincture of myrrh and camphorated tincture of opium in water, used as a gargle.

To Make Boracic Acid Ointment.

This is not easy, but can be accomplished by rubbing the acid with enough glycerine to make a soft paste, heating slightly over the flame of a spirit lamp or gas jet, and then adding the unguent and stirring until thoroughly mixed.

Adonis Vernalis.

This is a popular remedy in Russia for heart disease and dropsy. It stimulates the motor and inhibitory ganglia of the heart, and is not cumulative in its action. A glucoside "adonidini" has been isolated.

The Endermatic Use of Quinine.

Dr. Galanti, of Rome (*Gaz. Med. di Roma*, No. 19, 1882), uses an ointment of sulphate of quinine, applied to a blistered surface, in the malarial pneumonia of children.

CORRESPONDENCE.

Medical Ethics.

EDS. MED. AND SURG. REPORTER:—

The well-informed practitioner of medicine is aware that for many long centuries the healing art and the priestly office were united in one, and that there was a strong tendency in the priest-physician to introduce into his practice secrecy, pretence, incantations, and exorcisms. These ages of ignorance and superstition have passed away, as we generally suppose, but their shadow still lingers upon the profession. We have not yet reached the clear light of day. The incantations and exorcisms may not be tolerated except in families distant from school-houses, but the secrecy and pretence are practiced everywhere.

The best statistical information that can be obtained shows that ninety-five per cent. of practitioners in foreign countries, and about eighty-five per cent. of American physicians, agree in this: that the practitioner, in his relations with the people and the profession, should not make use of a name by which he may distinguish himself from his fellow practitioners except that name which was given to him by his parents. To illustrate: Why should any practitioner place upon his sign or card such qualifying words as Indian Doctor, Botanic Doctor, or Eclectic Physician, or Homeopathic Physician, or Hydropathic Physician, or Hygeio-Therapeutic Physician, or Vilopathic Physician, or Omnipathic Physician? This array of high-sounding terms ought indeed to alarm those who make use of them, especially since every few years a "new school" of practice is announced. An evil of this kind, growing in our country by the aid of mercenary legislators and executive officers, has no cure except in the use of the daily newspapers on the side of honorable scientific practice.

But what should be our relations with these sects in medicine? This is the question which specially concerns us at the present time. Shall we affiliate with them, and accept their interpretation of the golden rule? Where shall we draw the line between truth and error, scientific practice and quackery? We have made an honest effort to do this. Have they ever indicated where this line should be drawn? No, they cannot agree except in the use of some name, which the people cannot interpret.

But it has been assumed that a political legislature can establish honorable relations between medical practitioners, and the announcement has been made; but how can this be done except by placing scientific truth on a level with whimsical theories, or honor on a level with pretence? Can a legislature define the duties which we owe to the sick, to one another, and to the community at large? If so, then every state can have its own code of morals, or no code at all. In either of these cases, divisions and strifes would multiply instead of diminish; there could be no union. Remove the keystone, and the arch falls.

The American Medical Association has adopted what is known as a Code of Ethics—an admirable instrument, but by no means perfect. The few lines which relate to this subject are obscure, and the words, "exclusive dogma," when transferred to

a political or religious newspaper, are offensive to the people, and to many in the profession. We do not object to any one holding a theory or doctrine, however absurd it may appear to some; but we do object to the practitioner making use of pretentious or deceptive language in a newspaper, on his sign or card, or in his intercourse with the people. The exclusion of any one from consultations should not be based upon any theory or doctrine the practitioner may hold, nor upon his style of practice, but upon unprofessional conduct, which would include gross immoralities, as well as the use of language which produces division and strife. The attorney-at-law is stricken from the roll for unprofessional conduct, and the people endorse the action of the court.

R. LOWRY SIBBET, M. D.

Carlisle, Pa.

An Ounce of Chloroform Taken with Suicidal Intent—Recovery.

EDS. MED. AND SURG. REPORTER:—

When I arrived at the bedside of the patient, fully forty-five minutes had elapsed since she had swallowed an ounce of chloroform. The patient is thirty-six years old, and has suffered for fifteen years with some kind of uterine disease, and, becoming tired of life, attempted to end her sufferings as above indicated. I found her in a close room, her head elevated on pillows, and her lungs just perceptibly in motion. I lowered her head, then opened the windows, let a draught of air blow over her, and injected a drachm of brandy hypodermically. She soon ceased to breathe. I then commenced artificial respiration, and continued it without a moment's intermission for fully two hours. During the two hours I injected four ounces of brandy at regular intervals, using a syringe-full at each injection. I also injected one-tenth of a grain of digitaline, which lessened the rapid beating of the heart, then going at literally an uncountable speed. Nitrite of amyl, a few drops on a handkerchief and held to her nose at various intervals, acted very promptly, flushing the face and strengthening the respirations. After fifteen hours of unremitted watchfulness, I had the satisfaction of saying to her two daughters that their mother was safe. The soreness arising from the punctures of the syringe caused some trouble for a few days, but the patient is now doing well, and seems more cheerful in mind than formerly.

C. H. MERRICK, M. D.

Seattle, Washington Territory.

NEWS AND MISCELLANY.

Current Diseases.

A report from Waterbury, Conn., states that an epidemic of winter cholera prevails there, caused, it is thought, by the snow water in the city reservoirs. About 250 persons have been attacked.

In Lawrence, Kansas, smallpox has broken out among the colored population.

Twenty persons in Malaga, Spain, have, it is said, been attacked with trichinosis from eating American-cured hams.

Commencement of the Medical Department of the Arkansas Industrial University.

The annual commencement of this institution took place at Little Rock, February 28, 1883. The degrees were delivered by Governor Berry. Dr. P. O. Hooper, President of the College, presided.

Convicting a Midwife.

The midwife (recently referred to) who had infected a number of women with syphilis through attending labors while suffering from a chancre on one of her fingers, was last week found guilty, and sentenced to twelve months' imprisonment with hard labor.

The New York Code.

We learn that a society is being organized in the State of New York, whose object is to maintain the Code of Ethics of the American Medical Association. A large number of the leading members of the profession have expressed their desire to join the society and become active co-workers.

German Eye and Ear Infirmary.

For the year 1882, there have been gratuitously treated at the German Eye and Ear Dispensary, 314 Noble street (Dr. M. Landesberg, surgeon in charge), 1,516 patients, of which number 1,028 were for eye diseases, and 488 for ear diseases. The number of important operations performed in the Institute was 135, of minor 175.

Extending the Code.

Dr. F. H. Darby, of Morrow, Ohio, has printed a sheet of selections from the Code, especially with reference to the duties of patients to their physician, interspersing it with light and readable matter. He will sell these sheets at about cost, and they can be used as wrappers, etc. A specimen can be obtained from him by mail.

American Public Health Association.

The next meeting of this Association will be held in Detroit during the second week in November, 1883. The executive committee announces the principal topics for discussion to be, (1) The best method of collecting and publishing vital statistics. (2) The etiology of malaria. (3) Food preservation and adulteration, and (4) The physics of house drainage.

Journals of Paris.

According to the *Annuaire des Jour. de Paris*, published by Brunox, 1,291 journals, weekly, monthly, etc., appear at Paris; of these, 59 are religious journals, 118 relate to jurisprudence, 240 to political economy, commerce, and finance, 22 to geography and history; light literature claims 128; instruction, 38; literature, philology, and bibliography, 62; the fine arts, 11; photography, 3; architecture, 9; music and the theatre, 44; the fashions (modes), 73; the diverse industries, 138; medicine and pharmacy, 92; the sciences, 57; military and naval subjects, 24; ag-

riculture, 28. The number of daily political journals is 67. The number of journals relating to finances (stocks, etc.), the diverse industries and educational subjects, has much augmented, while the others remain stationary.

Dark Ways of Some New York Doctors.

A bill was recently introduced into the New York Senate by Mr. Pitts to prohibit medical societies from adopting rules forbidding practitioners from conferring with others than those of their own school of medicine.

This looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.

A Naval Medical Society.

The medical staff of the Navy has organized a Society called "The Naval Medical Society," in order to establish more intimate social and friendly relations among its members, to furnish occasions for the interchange of professional experiences, and to assist each other in scientific inquiry and research. Every officer of the medical corps has the right of membership upon notifying the Secretary that such is his desire.

The Society is to have regular meetings on the first Thursday of every month, in the city of Washington, and at such other times as the business committee may consider advisable, or when five other members may so request.

Epidemic Diseases in Paris During the Year 1881.

This report, confided by the Conseil d'Hygiene to M. Lagneau, necessitated the examination of thousands of documents, and required considerable time in preparation. It concerns the whole Department of the Seine, which contains 2,799,329 inhabitants. In the department, the deaths from this class of diseases during 1881 were as follows:

Diphtheria	2,690
Typhoid Fever	2,315
Smallpox	1,182
Measles	1,009
Cholera and Choleric Diarrhea	860
Whooping-cough	549
Scarlatina	463

The statistics fell short of reality as regarded the number of deaths from puerperal affections, for such diseases were carefully reported only in hospital services. An interesting fact was noted, that in the arrondissements of Sceaux and St. Denis, without the walls of the city, the number of deaths from these diseases was the same in proportion as in the city itself. M. Lagneau calls attention to the fact, that the number of deaths from diphtheria, typhoid fever, and measles, increases every year in Paris. The same fact was brought forward by M. Bronardel, in the Soc. Méd. des Hopitaux, and he showed that the hygienic condition of the city left much to be desired.

The Conseil d'Hygiene has not sufficient powers, and its recommendations are disregarded. The creation of a Board of Health similar to those in function in England, Germany, and the United States, is imperatively required.

The Anti-Vaccination Agitation in Germany.

The *Medical Times and Gazette*, January 20, 1883, says:

The Anti-Vaccination League, which seems to be taking a little rest in France, continues its agitation in Germany. It is not only syphilis which vaccination is accused of transmitting, but (according to a letter addressed to the Paris Académie de Médecine by the French Ambassador at Berlin) likewise other redoubtable diseases, especially scrofulous affections. This new ground of accusation is derived from Dr. Koch's experiments, and the authority which this *savant* enjoys explains the emotion which has laid hold of public opinion. Thus a true shower of petitions seems to have fallen on the Reichstag, which has appointed a committee to examine them. The conclusions of this committee point to the organization of a complete investigation of the results furnished by the law of compulsory vaccination in Germany, and of a proposed law relating to epidemic diseases in general. The materials accumulated by this committee will be laid before the Reichstag by the government.

Items.

—Typhoid fever has appeared in the inundated districts of the Ohio Valley.

—The Second German Congress for Internal Medicine meets at Wiesbaden, April 17 to 20, 1883.

—The disinfectant sold under the name Listerine is highly esteemed by those surgeons who have tried it.

—The Louisiana State Medical Society will hold its next meeting at Shreveport, La., on Wednesday, April 4, 1883.

—The annual commencement exercises of the Buffalo Medical College were held February 27. Diplomas were conferred on fifty-six graduates.

—"Neuralgia" is the name borne by a charming girl of Iowa. Her mother found it on a medicine bottle, and was captivated by its sweetness.

—The citizens of Cincinnati are urging the passage of a bill appointing a street and sanitary commission for two years, with \$1,000,000 to spend.

—There are nine general and seven special medical journals published in New York city. There are four weeklies, seven quarterlies, four monthlies, and one bi-monthly.

—In the ruins of Pompeii has been lately discovered a quadrivalve speculum, exquisitely proportioned, with a movement unsurpassed by the most perfected of modern instruments.

—The total number of deaths in St. Louis for the year 1882 was 7,817. This makes the annual death-rate 19.5 per 1,000, estimating the population at 400,000. The number of births during the year was 8,441.

—A case is reported of fracture of the hyoid bone from gaping in a man, æt. 27. For three weeks there was exquisite pain on touch, and great pain and distress in deglutition. The patient recovered, although he suffered much from inanition.

—Professor L. McLane Tiffany has lately, at the University Hospital, Baltimore, successfully ligated the common femoral artery just below Poupart's ligament for an aneurism of that vessel due to a stab.

—In a recent report of the registrar at Borrisokane, Ireland, of fifteen deaths which occurred in the district, eleven had reached the following ages: 104, 101, 86, 80, 78, 75, 72, 68, 60, and 60 years respectively.

—Dr. Robert Koch has expressed himself strongly in favor of the present movement in Germany which proposes compulsory vaccination. He thinks the dangers of transmitting syphilis and scrofula are almost infinitesimal.

—A Baltimore Coroner's jury found in the case of a colored woman recently, that she "came to her death from natural causes—cramp colic, produced by eating sausage for breakfast—and, in the opinion of the jury, the sausage was good."

A BON MOT OF ARAGO'S.—"What are comets made of?" asked a French lady of the distinguished *savant*. "Madame, I do not know." "Then what is the use of being an Academician?" "Madame, that I may be able to say I do not know."

—Dr. Elliott, of New Haven, says that when a diagnosis is uncertain, few doctors hesitate to tell a man that he has malaria. Again: "Medical men are almost superstitious in regard to the invisible spectre, malaria. One hardly dares to treat an obscure case without working in a good dose of quinia during the first day or two."

—Dr. Farquharson, M. P., speaking at the Scottish Educational Congress in Aberdeen, strongly condemned the effect of the present system of teaching upon the health of children, and urged the appointment of medical inspectors of schools, whose duty it would be to watch over the health of the pupils. The professors and leading educationists approved and supported this view.

—Dr. Langer states that the fat of a child "contains less oleic acid, but more palmitic and stearic acid than that of adults, besides being richer in the butyric and caproic acids." Perhaps that is what causes the infant to yell so vociferously during the night, but we cannot always tell. It may be the richness of the butyric and caproic acids, and it may be a displaced pin.—*Norristown Herald*.

—It is announced that the Johns Hopkins Medical School of Baltimore will be opened next fall. This institution is expected to be on a superior plane to any other now in existence in America—its course of instruction far more thorough, its degree correspondingly more difficult of attainment; at least seven years of study in all will be required.

OBITUARY NOTICES.

SIR JOHN FORSYTH, C. B., K. C. S. I.

Sir John Forsyth, C. B., K. C. S. I., late Principal Inspector-General of the Indian Medical Department (Bengal), and Honorary Physician to the Queen of England, died recently at Brighton, in 84th year of his age. The deceased was nomi-

nated a Companion of the Order of the Bath (civil division) in 1862, and a Knight Commander of the Star of India in 1881.

DR. WILLIAM BOWEN BRINTON,

Of West Chester, Penna., died suddenly on March 7th, of acute rheumatic fever with cardiac and renal complications. He was born November 30, 1842, and was the eldest son of the late Dr. John B. Brinton. He graduated in 1863 at the University of Pennsylvania, and in the same year entered the army as an assistant surgeon in the Thirty-third Regiment (Fourth Reserves). On May 3, 1864, he was promoted to the rank of surgeon in the One Hundred and Eighty-fourth Regiment, Infantry, of Pennsylvania Volunteers, and was mustered out with the regiment on July 15th, 1865. He was president of the Chester County Medical Society, and physician to the Chester County Prison, having succeeded his father, who was the physician for twenty-eight years. He was resident physician of the Pennsylvania Railroad Company, a vestryman in the Church of the Holy Trinity, was one of the active members of the Episcopal church, and a Master Mason. By his death the profession in Chester county loses one of its most active and promising members. He was married in 1871, to Miss Ida P. Futhey, and leaves two children.

QUERIES AND REPLIES.

Dr. J. E. H., of Tenn.—Your letter was delayed through incomplete postage. In reply to your inquiry, we can only repeat what we have often said, that for physicians to bid against each other for public medical positions is an injury both to the public and to the profession.

Dr. T. J. W., of N. C.—Pure kerosene ought not to have an irritating effect either on the skin or mucous membrane. We have recorded instances in this journal where it was given infants by the spoonful, without injury.

Dr. T. W. E., of Ohio.—If any folly is the last, it is that of consulting clairvoyants by sending them locks of hair. Yet it is far from uncommon throughout this country.

Please inform me through your columns how permanganate of potash can be made into pills. Drs. Ringer and Murrell, of Paris, recommend it in the treatment of amenorrhœa, and prefer it to be given in pill form.

S. C. TRIPP, M. D.

Ans.—Pills can be readily made by powdering the permanganate and working up with a little powdered liquorice and a drop of gum arabic.

MARRIAGES.

ARMSTRONG—BLAIR.—On Wednesday, February 28, 1883, by the Rev. R. B. Foresman, Milton N. Armstrong, M. D., of Blairstown, N. J., and Lizzie K. Blair, of Johnsonburgh, N. J.

MCCURDY—JENNESS.—In Slate Hill, Pa., February 8, 1883, by Rev. D. M. Davenport, assisted by Revs. T. M. Crawford and Alfred Welles, W. H. McCurdy, M. D., and Laura J. Jenness.

DEATH.

DE LUNA.—In New York, on Friday, March 2, 1883, Abelardo B. De Luna, M. D.